

# **Health and Human Services Appropriations Bill Senate File 2418**

Last Action:

**Final Action**

May 5, 2018

**An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available online at [www.legis.iowa.gov/publications/information/appropriationBillAnalysis](http://www.legis.iowa.gov/publications/information/appropriationBillAnalysis)

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## EXECUTIVE SUMMARY

### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

SENATE FILE 2418

#### FUNDING SUMMARY

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**General Fund FY 2019:** Appropriates a total of \$1,821.8 million from the General Fund and 4,568.6 full-time equivalent (FTE) positions to the Department on Aging (IDA); the Department of Public Health (DPH); the Department of Human Services (DHS); the Department of Veterans Affairs (IVA); and the Iowa Veterans Home (IVH). This is an increase of \$60.5 million and 216.0 FTE positions compared to estimated net FY 2018.

**Other Funds FY 2019:** Appropriates a total of \$420.2 million from other funds. This is a decrease of \$5.7 million compared to estimated net FY 2018.

**Other Fund Supplemental Appropriations for FY 2018:** Provides a net increase of \$4.2 million in other fund appropriations for FY 2018. The changes include deappropriations, with funds being appropriated to Child Care Assistance.

**Standing Appropriations FY 2019:** In addition to the appropriations in this Bill, the attached tracking includes the following standing appropriations that are automatically appropriated in statute:

- \$224,000 to the DPH for the Center for Congenital and Inherited Disorders Central Registry.
- \$233,000 to the DHS for Child Abuse Prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for Nonresident Mental Illness Commitment.

#### NEW PROGRAMS, SERVICES, OR ACTIVITIES

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##### *Department of Human Services*

**Durable Medical Equipment Request for Proposals (RFP):** Directs the DHS to issue an RFP to establish a partnership between the University of Iowa Hospitals and Clinics (UIHC) and a durable medical equipment (DME) provider to provide new, refurbished, or repaired DME.

Page 30, Line 24

##### *Department of Public Health*

**Physician Mental Health Training:** Allocates \$250,000 to Des Moines University to establish a program that trains doctors on identifying and treating patients with mental health needs.

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## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

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### *Department on Aging*

**Pre-Medicaid Pilot Project:** Allocates \$100,000 to establish a Pre-Medicaid Pilot Project that aims to keep individuals in the community and out of long-term care facilities following a nursing facility stay.

Page 3, Line 22

### MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

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**Department on Aging:** Appropriates \$11.0 million from the General Fund and 27.0 FTE positions. This is an increase of \$100,000 and 4.6 FTE positions compared to estimated net FY 2018.

Page 2, Line 10

**Office of Long-Term Care Ombudsman:** Appropriates \$1.1 million from the General Fund and 16.0 FTE positions. This is no change in funding and an increase of 0.9 FTE position compared to estimated net FY 2018.

Page 4, Line 6

**Department of Public Health:** Appropriates \$54.9 million from the General Fund and 195.0 FTE positions. This is a net increase of \$4.2 million and 8.0 FTE positions compared to estimated net FY 2018. The significant changes include:

Page 4, Line 18

- An increase of \$536,000 to the Healthy Children and Families appropriation.
- An increase of \$981,000 to the Chronic Conditions appropriation.
- An increase of \$2.6 million to the Community Capacity appropriation.
- An increase of \$1,500 to the Essential Public Health Services appropriation.
- An increase of \$44,000 to the Infectious Diseases appropriation.
- An increase of \$11,000 to the Public Protection appropriation.
- A decrease of \$35,000 to the Congenital and Inherited Disorders Central Registry standing appropriation estimated amount.

**Department of Veterans Affairs:** Appropriates \$4.1 million from the General Fund and 15.0 FTE positions. This is a net increase of \$87,000 and 2.0 FTE positions compared to estimated net FY 2018.

Page 16, Line 26

**Department of Human Services:** Appropriates \$1,743.4 million from the General Fund and 4,315.6 FTE positions. This is a net increase of \$56.1 million and 200.5 FTE positions compared to estimated net FY 2018. Significant changes include:

Page 18, Line 14

- A decrease of \$2.3 million for the Family Investment Program (FIP)/PROMISE JOBS appropriation.
- An increase of \$2.0 million for the Child Support Recovery Unit appropriation.
- An increase of \$54.8 million for the Medicaid appropriation.
- A decrease of \$709,000 for the Medical Contracts appropriation.
- An increase of \$378,000 for the State Supplementary Assistance appropriation.

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### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- A decrease of \$1.4 million for the State Children's Health Insurance Program appropriation.
- An increase of \$1.5 million for Child Care Assistance.
- An increase of \$1.4 million for the State Training School at Eldora.
- An increase of \$526,000 for the Child and Family Services appropriation.
- A decrease of \$333,000 for the Adoption Subsidy appropriation.
- A decrease of \$20,000 for the Family Support Subsidy appropriation.
- A combined decrease of \$1.7 million for the two State Resource Center appropriations.
- An increase of \$1.4 million for the Civil Commitment Unit for Sexual Offenders (CCUSO) appropriation.
- An increase of \$590,000 for the Field Operations appropriation.
- A decrease of \$200,000 for the General Administration appropriation.
- An increase of \$120,000 to the estimated standing appropriation for nonresidential mental health commitment.

**Temporary Assistance for Needy Families (TANF) Federal Block Grant:** Appropriates \$130.5 million for FY 2019 for various DHS programs. This is a net decrease of \$1.5 million compared to estimated net FY 2018.

Page 18, Line 18

**Pharmaceutical Settlement Account:** Appropriates \$1.4 million for FY 2019 for Medical Contracts. This is an increase of \$582,000 compared to estimated net FY 2018.

Page 51, Line 16

**Quality Assurance Trust Fund:** Appropriates \$36.7 million for FY 2019 for the Medicaid Program. This is no change compared to estimated net FY 2018.

Page 51, Line 30

**Hospital Health Care Access Trust Fund:** Appropriates \$33.9 million for FY 2019 for the Medicaid Program. This is no change compared to estimated net FY 2018.

Page 52, Line 10

### CHANGES TO PRIOR APPROPRIATIONS

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**Social Services Block Grant:** Decreases the appropriation for the State Cases Payment Program and increases funding for Child and Family Services by \$350,000 in FY 2018. Eliminates the State Cases Payment Program in FY 2019 and increases the Child and Family Services appropriation by \$600,000 in FY 2019.

Page 52, Line 26

**Temporary Assistance for Needy Families (TANF):** Adjusts the FY 2018 TANF appropriations by the following amounts:

Page 53, Line 18

- A decrease of \$573,000 for the Family Investment Program.

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- A decrease of \$15,000 for the Family Development and Self Sufficiency (FaDSS) Grant Program.
- A decrease of \$164,000 for the PROMISE JOBS Program.
- A decrease of \$743,000 for Training and Technology.
- A decrease of \$17,000 for the Pregnancy Prevention Grants.
- A decrease of \$11,000 for the Promoting Healthy Marriage Program.
- An increase of \$5.7 million for the Child Care Assistance (CCA) Program.

#### STUDIES AND INTENT

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##### *Department of Corrections*

**Geriatric Patient Housing Review:** Requires various departments to review issues and develop policy recommendations relating to housing for geriatric persons who are registered sex offenders or are sexually aggressive. The departments are to study the feasibility of utilizing the facilities at Mount Pleasant or Clarinda, or other vacant State-owned facilities, to care for offenders while taking into consideration Medicaid reimbursement rules. The departments are required to submit a report to the Governor and the General Assembly by December 15, 2018.

Page 91, Line 23

##### *Department of Human Services*

**Food Assistance Workgroup:** Requires the DHS to convene a workgroup to review opportunities to increase State engagement in the Supplemental Nutrition Assistance Program (SNAP). The workgroup is required to submit a report to the Governor and the General Assembly by December 15, 2018.

Page 24, Line 32

**Home and Community-Based Services:** Requires the DHS to delay implementation of federal guidelines related to home and community-based setting criteria until March 17, 2022, to match the delay in the changes to federal law.

Page 31, Line 16

**Medicaid Tiered Rates:** The DHS is required to work with an actuary to evaluate the tiered rates to appropriately distribute the \$3.0 million provided for tiered rates. In addition, the DHS is required to convene a Tiered Rate Workgroup to review actuarial findings and recommendations. The tiered rates may be adjusted if the changes are budget neutral. The DHS is required to submit a report of the actuarial findings, recommendations, and comments provided by the Tiered Rate Workgroup to the Governor and the General Assembly by December 15, 2018.

Page 31, Line 27

**Medicaid Fee Schedule Review:** Requires the DHS to review all current Medicaid fee schedules regarding how the current rates compare to the equivalent Medicare fee schedules and other appropriate reimbursement methodologies and submit a report to the Governor and the General Assembly by January 15, 2019.

Page 32, Line 15

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**Child Care Reimbursement Rates:** Increases Child Care Assistance maximum reimbursement rates within \$3.0 million of funding allocated; and, as federal funding may permit, for Quality Rating System providers for infant and toddler care.

Page 50, Line 10

**Mandatory Reporter Training and Certification Workgroup:** Establishes a workgroup to make recommendations related to mandatory child abuse and dependent adult abuse reporter training and certification. A report is due to the Governor and the General Assembly by December 15, 2018.

Page 79, Line 2

**Nursing Facility Quality Assurance Assessment:** Directs the DHS to request approval from the Centers for Medicare and Medicaid Services (CMS) to increase the provider tax for nursing facilities. Any change is required to take effect on the first day of the calendar quarter following the date of approval by the CMS.

Page 80, Line 23

**Managed Care Program Oversight:** Makes various changes to the Medicaid Program and the requirements for managed care organizations (MCOs) related to provider processes and procedures, members services and processes, and Medicaid Program review and oversight.

Page 98, Line 5

**Medicaid Level of Care Determination Review:** Requires the DHS to utilize an independent external quality review vendor to complete a review of a random case sample of decreased level of care determinations and report the findings to the Governor and the General Assembly by December 15, 2018.

Page 99, Line 29

**Foster Care and Adopted Children:** Directs the DHS to adopt rules requiring that children in foster care receive an annual visit to a medical professional and to submit a waiver request to the US Department of Health and Human Services to add a requirement that children adopted from foster care whose parents receive an adoption subsidy payment receive an annual visit to a medical professional.

Page 110, Line 29

#### *Department on Aging*

**Aging and Disability Resource Centers (ADRCs) Medicaid Claiming:** Requires the IDA and the DHS to develop a cost allocation plan requesting federal Medicaid administrative funds for the ADRCs.

Page 72, Line 22

## SIGNIFICANT CODE CHANGES

### *Department of Commerce — Insurance Division*

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**Coverage of Behavioral Health Services:** Adds language for behavioral health services providers to allow individuals practicing under a temporary license to bill for services provided under the supervision of a licensed practitioner.

Page 104, Line 15

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**Pharmacy Benefits Managers:** Adds certain rights related to individuals, pharmacists, and pharmacies.

Page 110, Line 3

#### *Department of Human Services*

**State Cases:** Removes references to "state cases" for mental health services provided to individuals with no counties of legal settlement.

Page 60, Line 2

**Family Planning Services Program:** Amends the Family Planning Services Program to allow for the UnityPoint Health Care Group to participate.

Page 73, Line 30

**Nursing Facility Quality Assurance Assessment:** Eliminates the 3.0% cap on the nursing facility provider assessment and sets the cap at the maximum amount allowed by the federal government.

Page 79, Line 29

**Sexual Offenders:** Removes provisions permitting a person committed as a sexually violent predator under Iowa Code chapter [229A](#) to be released from a secure facility or a transitional release program without supervision. In addition, the Division removes the requirement that a hearing be held within five days of the committed person's return to a secure facility after the person absconds from a transitional release program. The hearing will now be held after an evaluation has been performed.

Page 80, Line 35

**Medicaid Retroactive Eligibility:** Reinstates the three-month retroactive coverage benefit under Medicaid for individuals residing in long-term care facilities.

Page 87, Line 14

**Polk County MHDS Funding:** Allows Polk County to transfer funds from any other fund of the county to the County Mental Health and Disability Services (MHDS) Fund in FY 2019. Polk County is required to submit a report to the Governor and the General Assembly by September 1, 2019, detailing the transfer of funds.

Page 88, Line 2

**State Training School:** States that the Eldora State Training School is for court-committed male juvenile delinquents and strikes references to the Toledo State Training School.

Page 90, Line 15

**Reporting of Transfers:** Requires the DHS to report to the Legislative Services Agency (LSA) any transfers made between the appropriations for the State Resource Centers, the MHIs, the State Training School, and the CCUSO within 30 days of the beginning of each fiscal quarter.

Page 93, Line 7

**Medicaid Suspension or Termination:** Requires the DHS to suspend the eligibility of individuals for Medicaid following the first 30 days of the individuals' commitment to an institution. The section also

Page 96, Line 20

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requires public institutions to provide a monthly report of the inmates who are committed and of those who are discharged to the DHS and to the Social Security Administration.

**Medicaid Prescription Drug Copayment:** Eliminates the various copayments for a covered prescription drug under the Medicaid Program and instead provides that a recipient of Medicaid is required to pay a copayment of \$1 on each prescription filled or refilled for a covered prescription drug.

Page 101, Line 30

**Medical Assistance Advisory Council:** Directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.

Page 102, Line 17

**Targeted Case Management Reimbursement:** Amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost based reimbursement for 100.0% of the reasonable costs for provision of the services. Under the Section, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter [17A](#). The Section also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age that are provided by non-State-owned providers are required to be reimbursed according to a fee schedule without reconciliation, and services provided by State-owned providers are required to be reimbursed at 100.0% of the actual and allowable cost of providing the service.

Page 103, Line 5

#### *Department of Public Health*

**Medical Cannabidiol Program:** Revises background check requirements performed by the Department of Public Safety and permits the DPH to annually retain fees after the end of each fiscal year.

Page 93, Line 25

#### *Department of Veterans Affairs*

**Director Salary:** Amends the FY 2009 Standing Appropriation Act (2008 Iowa Acts, chapter [1191](#)) to reclassify the Director of the Department of Veterans Affairs from a salary Range 3 position to a Range 5 position.

Page 73, Line 4

#### *Judicial Branch*



**Wrongful Birth:** Prohibits a cause of action and the awarding of damages on behalf of a person based on a wrongful birth claim that, but for an act or omission of the defendant, a child or the person bringing the action would not or should not have been born.

Page 92, Line 8

**Hospitalization of Persons with Mental Illness:** Conforms to [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act) to eliminate the requirement that the State Court Administrator develop the practices and procedures for preapplication screening for the hospitalization of persons with mental illness.

Page 103, Line 30

#### **EFFECTIVE DATE**

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##### ***Department of Human Services***

The Division amending prior year appropriations is effective upon enactment and retroactive to July 1, 2017.

Page 59, Line 15

The Division transferring decategorization funds to Medicaid is effective upon enactment and retroactive to July 1, 2017.

Page 59, Line 31

The Division relating to MHDS Regional Authorization is effective upon enactment.

Page 78, Line 33

The Division relating to Medicaid retroactive eligibility is effective upon enactment.

Page 87, Line 33

##### ***Department of Public Health***

The Division relating to the Medical Cannabidiol Program takes effect upon enactment.

Page 96, Line 14

##### ***Department of Veterans Affairs***

The Division relating to the salary of the Executive Director of the Department of Veterans Affairs is effective upon enactment.

Page 73, Line 26

##### ***Department on Aging***

The Division related to the Medicaid Claiming for the Aging and Disability Resource Centers is effective upon enactment.

Page 72, Line 35

##### ***Judicial Branch***

## **EXECUTIVE SUMMARY**

### **HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL**

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The Division relating to wrongful birth or wrongful life causes of action is effective upon enactment and applies only to causes of action that accrue on or after the effective date of this Bill.

Page 92, Line 32

The Division regarding behavioral health services is effective upon enactment.

Page 109, Line 34

Senate File 2418 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
59	8	55	Add	174.25.3
60	2	61	Amend	218.99
60	23	62	Amend	222.60.1.b
60	29	63	Amend	222.60.2.b
61	3	64	Amend	222.65.1
61	12	65	Amend	222.66
61	30	66	Amend	222.67
62	13	67	Amend	222.70
62	21	68	Amend	226.45
63	2	69	Amend	230.1.1.b
63	7	70	Amend	230.2
63	28	71	Amend	230.8
64	4	72	Amend	230.9
64	23	73	Amend	230.11
65	4	74	Amend	249A.26.2.b
65	12	75	Strike	249A.26.7
65	14	76	Amend	331.394
72	19	77	Repeal	226.9C
73	30	83	Amend	217.41B.3
74	33	84	Amend	331.389.1.b,c
75	21	85	Amend	331.389.2
75	29	86	Amend	331.389.3.a
76	2	87	Amend	331.389.4.c
76	13	88	Amend	331.389.4.e
76	20	89	Amend	331.424A.8
79	29	93	Amend	249L.3.1.d
80	3	94	Amend	249L.4.2
80	35	96	Amend	229A.2.4
81	6	97	Amend	229A.5B.1
81	16	98	Amend	229A.5C.4
81	24	99	Amend	229A.6A.1.d
81	30	100	Amend	229A.7.7
82	22	101	Amend	229A.8B.3
83	1	102	Amend	229A.9A
84	15	103	Amend	229A.9B
85	29	104	Amend	232.68.2.a.(3)
86	5	105	Amend	232.68.2.a.(9)
86	34	106	Amend	901A.2.6
88	16	110	Amend	135.15
89	16	111	Amend	135.175.1.a
89	26	112	Add	135.175.5.b
90	3	113	Amend	135.175.6.a
90	15	114	Amend	233A.1
91	4	115	Amend	233A.14
91	14	116	Amend	915.29.1
92	8	118	New	613.15B
93	7	121	Amend	218.6
93	25	122	Amend	124E.7.7,8
94	5	123	Amend	124E.9.7,8

Senate File 2418 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
94	20	124	Strike and Replace	124E.10
95	1	125	New	124E.19
96	20	127	Amend	249A.38
102	17	130	Strike	249A.4B.2.a.(27),(28)
103	5	132	Amend	249A.31
103	30	133	Amend	229.5A
104	7	134	Amend	602.1209.16
104	15	135	Amend	249A.15
105	13	136	Amend	249A.15A
107	4	137	New	514C.32
108	27	138	New	514C.33
110	3	140	New	510B.10

2 1 DIVISION I  
 2 2 DEPARTMENT ON AGING — FY 2018-2019  
 2 3 Section 1. 2017 Iowa Acts, chapter 174, section 40,  
 2 4 unnumbered paragraphs 1 and 2, are amended to read as follows:  
 2 5 There is appropriated from the general fund of the state  
 2 6 to the department on aging for the fiscal year beginning July  
 2 7 1, 2018, and ending June 30, 2019, the following amount, or  
 2 8 so much thereof as is necessary, to be used for the purposes  
 2 9 designated:

2 10 For aging programs for the department on aging and area  
 2 11 agencies on aging to provide citizens of Iowa who are 60 years  
 2 12 of age and older with case management for frail elders, Iowa's  
 2 13 aging and disabilities resource center, and other services  
 2 14 which may include but are not limited to adult day services,  
 2 15 respite care, chore services, information and assistance,  
 2 16 and material aid, for information and options counseling for  
 2 17 persons with disabilities who are 18 years of age or older,  
 2 18 and for salaries, support, administration, maintenance, and  
 2 19 miscellaneous purposes, and for not more than the following  
 2 20 full-time equivalent positions:  
 2 21 ..... \$ 5,521,238  
 2 22 ..... 11,042,924  
 2 23 ..... FTEs 27.00

2 24 Sec. 2. 2017 Iowa Acts, chapter 174, section 40, subsections  
 2 25 2, 4, 5, 6, and 7, are amended to read as follows:

2 26 2. Of the funds appropriated in this section, ~~\$139,973~~  
 2 27 \$279,946 is transferred to the economic development authority  
 2 28 for the Iowa commission on volunteer services to be used for  
 2 29 the retired and senior volunteer program.

2 30 ~~4. Of the funds appropriated in this section, at least~~  
 2 31 ~~\$125,000 shall be used to fund the unmet needs identified~~  
 2 32 ~~through Iowa's aging and disability resource center network.~~

2 33 5. Of the funds appropriated in this section, at  
 2 34 least ~~\$300,000~~ \$600,000 shall be used to fund home and  
 2 35 community-based services through the area agencies on aging  
 3 1 that enable older individuals to avoid more costly utilization

General Fund appropriation to the Department on Aging (IDA) for FY 2019.

DETAIL: This is an increase of \$100,000 and 4.58 full-time equivalent (FTE) positions compared to estimated net FY 2018. The changes include the following:

- An increase of \$100,000 for a Pre-Medicaid Pilot Project.
- An increase of 4.58 FTE positions to match the FY 2018 authorized amount.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Service in the Iowa Economic Development Authority for the Retired and Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The RSVP engages adults age 55 years and older in meaningful volunteer opportunities.

Eliminates the allocation for unmet needs.

DETAIL: The funds previously allocated in this Subsection are now allocated to the LifeLong Links Resource Program.

Allocates at least \$600,000 to be used for Home and Community-Based Services (HCBS) provided through Area Agencies on Aging (AAAs).

3 2 of residential or institutional services and remain in their  
 3 3 own homes.

3 4 6. Of the funds appropriated in this section, ~~\$406,268~~  
 3 5 \$812,537 shall be used for the purposes of chapter 231E and  
 3 6 ~~section 231.56A, of which \$175,000 shall be used for the office~~  
 3 7 ~~of substitute decision maker pursuant to chapter 231E, and the~~  
 3 8 ~~remainder shall be distributed equally to the area agencies on~~  
 3 9 ~~aging to administer the prevention of elder abuse, neglect, and~~  
 3 10 ~~exploitation program pursuant to section 231.56A, in accordance~~  
 3 11 ~~with the requirements of the federal Older Americans Act of~~  
 3 12 ~~1965, 42 U.S.C. §3001 et seq., as amended.~~

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates \$812,537 for the Office of Substitute Decision Maker (OSDM) and for the prevention of elder abuse, neglect, and exploitation.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

The OSDM suballocation has been eliminated, but the Program and the funding will continue as part of this allocation. The OSDM works with individuals who are not capable of making their own decisions about legal, financial, or health care matters. Depending on the situation, the OSDM may act as an individual's guardian, conservator, attorney-in-fact under a health care power of attorney document, agent under a financial power of attorney document, personal representative, or representative payee.

3 13 7. Of the funds appropriated in this section, ~~\$375,000~~  
 3 14 \$1,000,000 shall be used to fund continuation of the aging  
 3 15 and disability resource center lifelong links to provide  
 3 16 individuals and caregivers with information and services to  
 3 17 plan for and maintain independence.

Allocates \$1,000,000 to continue the LifeLong Links Resource Program.

DETAIL: This is an increase of \$250,000 compared to the estimated net FY 2018 allocation. LifeLong Links helps to connect older adults, adults with disabilities, veterans, and their caregivers to local service providers who can help these individuals maintain their independence at home or in the community of their choice.

3 18 Sec. 3. 2017 Iowa Acts, chapter 174, section 40, subsection  
 3 19 8, is amended by striking the subsection.

Eliminates the ability of the Department to transfer funds within or between allocations made in this Division.

3 20 Sec. 4. 2017 Iowa Acts, chapter 174, section 40, is amended  
 3 21 by adding the following new subsection:

3 22 NEW SUBSECTION 9. Of the funds appropriated in this  
 3 23 section, \$100,000 shall be used by the department on aging,  
 3 24 in collaboration with the department of human services and  
 3 25 affected stakeholders, to design a pilot initiative to provide  
 3 26 long-term care options counseling utilizing support planning  
 3 27 protocols, to assist non-Medicaid eligible consumers who  
 3 28 indicate a preference to return to the community and are  
 3 29 deemed appropriate for discharge, to return to their community  
 3 30 following a nursing facility stay. The department on aging  
 3 31 shall submit the design plan as well as recommendations for  
 3 32 legislation necessary to administer the initiative, including  
 3 33 but not limited to legislation to allow the exchange of contact  
 3 34 information for nursing facility residents appropriate for

Allocates \$100,000 to establish a Pre-Medicaid Pilot Project.

DETAIL: This is a new Project for FY 2019. The IDA, in collaboration with the DHS, will submit a design plan to the Governor and General Assembly by December 15, 2018. The Project will work to keep individuals in the community and out of long-term care facilities following a nursing facility stay. The goal of the Project is to gather data on potential savings to Medicaid and apply for an 1115 Medicaid waiver to draw down federal matching funds for a statewide Project.

3 35 discharge planning, to the governor and the general assembly by  
4 1 December 15, 2018.

4 2 DIVISION II  
4 3 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2018-2019  
4 4 Sec. 5. 2017 Iowa Acts, chapter 174, section 41, is amended  
4 5 to read as follows:

4 6 SEC. 41. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is  
4 7 appropriated from the general fund of the state to the office  
4 8 of long-term care ombudsman for the fiscal year beginning July  
4 9 1, 2018, and ending June 30, 2019, the following amount, or  
4 10 so much thereof as is necessary, to be used for the purposes  
4 11 designated:

4 12 For salaries, support, administration, maintenance, and  
4 13 miscellaneous purposes, and for not more than the following  
4 14 full-time equivalent positions:  
4 15 ..... \$ 580,140  
4 16 ..... 1,149,821  
4 17 ..... FTEs 16.00

4 18 DIVISION III  
4 19 DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019  
4 20 Sec. 6. 2017 Iowa Acts, chapter 174, section 42, subsections  
4 21 1, 2, 3, 4, 5, 6, 7, and 8, are amended to read as follows:

4 22 1. ADDICTIVE DISORDERS

4 23 For reducing the prevalence of the use of tobacco, alcohol,  
4 24 and other drugs, and treating individuals affected by addictive  
4 25 behaviors, including gambling, and for not more than the  
4 26 following full-time equivalent positions:

4 27 ..... \$ 12,492,915  
4 28 ..... 24,804,344  
4 29 ..... FTEs 40.00  
4 30 ..... 11.00

4 31 a. (1) Of the funds appropriated in this subsection,  
4 32 ~~\$2,010,612~~ \$4,021,225 shall be used for the tobacco use  
4 33 prevention and control initiative, including efforts at the  
4 34 state and local levels, as provided in chapter 142A. The  
4 35 commission on tobacco use prevention and control established  
5 1 pursuant to section 142A.3 shall advise the director of  
5 2 public health in prioritizing funding needs and the allocation  
5 3 of moneys appropriated for the programs and initiatives.  
5 4 Activities of the programs and initiatives shall be in  
5 5 alignment with the United States centers for disease control  
5 6 and prevention best practices for comprehensive tobacco control  
5 7 programs that include the goals of preventing youth initiation

General Fund appropriation to the Office of Long-Term Care  
Ombudsman for FY 2019.

DETAIL: This is no change in funding and an increase of 0.88 FTE  
position compared to estimated net FY 2018. The increase in FTE  
positions is to match the FY 2018 authorized amount.

General Fund appropriation to Addictive Disorders programs.

DETAIL: This is no change in funding and an increase of 1.00 FTE  
position compared to estimated net FY 2018. The increase in FTE  
positions is to reflect Department need.

Allocates \$4,021,225 for tobacco use prevention and control initiatives,  
including Community Partnerships. Requires activities of the  
Commission on Tobacco Use Prevention and Control to align with U.S.  
Centers for Disease Control and Prevention (CDC) best practices.  
Requires a report on any reduction in providing nicotine replacement  
products realized by screening for third-party sources of funding for the  
nicotine replacement products.

DETAIL: This is no change compared to the estimated net FY 2018  
allocation. The Commission on Tobacco Use Prevention and Control  
works to reduce tobacco use and the toll of tobacco-related diseases  
and death by preventing youth from starting tobacco use, helping adults

5 8 of tobacco usage, reducing exposure to secondhand smoke,  
 5 9 and promotion of tobacco cessation. To maximize resources,  
 5 10 the department shall determine if third-party sources are  
 5 11 available to instead provide nicotine replacement products  
 5 12 to an applicant prior to provision of such products to an  
 5 13 applicant under the initiative. The department shall track and  
 5 14 report to the individuals specified in this Act, any reduction  
 5 15 in the provision of nicotine replacement products realized  
 5 16 by the initiative through implementation of the prerequisite  
 5 17 screening.

and youths quit, and preventing exposure to secondhand tobacco smoke.

5 18 (2) (a) The department shall collaborate with the  
 5 19 alcoholic beverages division of the department of commerce for  
 5 20 enforcement of tobacco laws, regulations, and ordinances and to  
 5 21 engage in tobacco control activities approved by the division  
 5 22 of tobacco use prevention and control of the department of  
 5 23 public health as specified in the memorandum of understanding  
 5 24 entered into between the divisions.

Requires the Department of Public Health (DPH) to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

5 25 (b) For the fiscal year beginning July 1, 2018, and ending  
 5 26 June 30, 2019, the terms of the memorandum of understanding,  
 5 27 entered into between the division of tobacco use prevention  
 5 28 and control of the department of public health and the  
 5 29 alcoholic beverages division of the department of commerce,  
 5 30 governing compliance checks conducted to ensure licensed retail  
 5 31 tobacco outlet conformity with tobacco laws, regulations, and  
 5 32 ordinances relating to persons under 18 years of age, shall  
 5 33 continue to restrict the number of such checks to one check per  
 5 34 retail outlet, and one additional check for any retail outlet  
 5 35 found to be in violation during the first check.

6 1 b. Of the funds appropriated in this subsection,  
 6 2 ~~\$10,482,303~~ \$20,783,119 shall be used for problem gambling and  
 6 3 substance-related disorder prevention, treatment, and recovery  
 6 4 services, including a 24-hour helpline, public information  
 6 5 resources, professional training, youth prevention, and program  
 6 6 evaluation.

Allocates \$20,783,119 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The DPH Division of Behavioral Health's Bureau of Substance Abuse works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services.

6 7 c. The requirement of section 123.17, subsection 5, is met  
 6 8 by the appropriations and allocations made in this division of  
 6 9 this Act for purposes of substance-related disorder treatment  
 6 10 and addictive disorders for the fiscal year beginning July 1,  
 6 11 2018.

Specifies that the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Bill.

DETAIL: This Iowa Code section requires the Department of Commerce to transfer \$2,000,000, plus an amount determined by the



General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

6 12 d. The department of public health, in collaboration with  
 6 13 the department of human services, shall engage a stakeholder  
 6 14 workgroup to review reimbursement provisions applicable  
 6 15 to substance use disorder services providers. The issues  
 6 16 considered by the workgroup shall include but are not limited  
 6 17 to the adequacy of reimbursement provisions including for  
 6 18 both outpatient and residential treatment, whether it is  
 6 19 appropriate to rebase reimbursement, whether there is equity in  
 6 20 reimbursement compared to the reimbursement methodologies used  
 6 21 for providers of similar behavioral health services, and access  
 6 22 to substance use disorder services providers including whether  
 6 23 the designated number of community mental health centers in the  
 6 24 state is sufficient. The workgroup shall review the reports  
 6 25 of previous workgroups including those authorized in 2014 Iowa  
 6 26 Acts, chapter 1140, section 3, subsection 1, and shall report  
 6 27 the workgroup's findings and recommendations to the general  
 6 28 assembly on or before December 15, 2018.

Requires the DPH and the Department of Human Services (DHS) to create a workgroup to review reimbursement equity of substance-related disorder services providers. A report is due to the General Assembly by December 15, 2018.

6 29 2. HEALTHY CHILDREN AND FAMILIES

6 30 For promoting the optimum health status for children,  
 6 31 adolescents from birth through 21 years of age, and families,  
 6 32 and for not more than the following full-time equivalent  
 6 33 positions:

6 34	..... \$	2,662,816
6 35		5,820,625
7 1	..... FTEs	42.00
7 2		13.00

General Fund appropriation to Healthy Children and Families programs.

DETAIL: This is an increase of \$536,026 and 1.00 FTE position compared to estimated net FY 2018. The changes include:

- An increase of \$156,482 to restore the Audiological Services for Children Program.
- An increase of \$23,000 to restore the Dental Services Program at the University of Iowa.
- An increase of \$15,511 to the Adverse Childhood Experiences allocation.
- An increase of \$300,000 and 1.00 FTE position for the Childhood Obesity Program.
- An increase of \$41,033 to backfill the FY 2018 deappropriation.

7 3 a. Of the funds appropriated in this subsection, not  
 7 4 more than ~~\$367,420~~ \$734,841 shall be used for the healthy  
 7 5 opportunities for parents to experience success (HOPES)-healthy  
 7 6 families Iowa (HFI) program established pursuant to section  
 7 7 135.106. The funding shall be distributed to renew the grants  
 7 8 that were provided to the grantees that operated the program  
 7 9 during the fiscal year ending June 30, 2018.

Limits the General Fund amount used to fund the Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Requires funds to be distributed to the grantees who received funding in FY 2017. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

7 10 b. In order to implement the legislative intent stated in  
7 11 sections 135.106 and 256I.9, that priority for home visitation  
7 12 program funding be given to programs using evidence-based or  
7 13 promising models for home visitation, it is the intent of the  
7 14 general assembly to phase in the funding priority in accordance  
7 15 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,  
7 16 paragraph "0b".

Specifies legislative intent for Iowa Code section [135.106](#) (HOPES-HFI) and Iowa Code section [256I.9](#) (Early Childhood Iowa). Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation. The funding priority is to be phased in over time.

7 17 c. Of the funds appropriated in this subsection, ~~\$1,537,550~~  
7 18 ~~\$3,075,101~~ shall be used for continuation of the department's  
7 19 initiative to provide for adequate developmental surveillance  
7 20 and screening during a child's first five years. The funds  
7 21 shall be used first to fully fund the current sites to ensure  
7 22 that the sites are fully operational, with the remaining  
7 23 funds to be used for expansion to additional sites. The full  
7 24 implementation and expansion shall include enhancing the scope  
7 25 of the initiative through collaboration with the child health  
7 26 specialty clinics to promote healthy child development through  
7 27 early identification and response to both biomedical and social  
7 28 determinants of healthy development; by monitoring child  
7 29 health metrics to inform practice, document long-term health  
7 30 impacts and savings, and provide for continuous improvement  
7 31 through training, education, and evaluation; and by providing  
7 32 for practitioner consultation particularly for children with  
7 33 behavioral conditions and needs. The department of public  
7 34 health shall also collaborate with the Iowa Medicaid enterprise  
7 35 and the child health specialty clinics to integrate the  
8 1 activities of the first five initiative into the establishment  
8 2 of patient-centered medical homes, community utilities,  
8 3 accountable care organizations, and other integrated care  
8 4 models developed to improve health quality and population  
8 5 health while reducing health care costs. To the maximum extent  
8 6 possible, funding allocated in this paragraph shall be utilized  
8 7 as matching funds for medical assistance program reimbursement.

Allocates \$3,075,101 for the Iowa 1st Five Healthy Mental Development Initiative programs.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-up.

8 8 d. Of the funds appropriated in this subsection, ~~\$32,320~~  
8 9 ~~\$64,640~~ shall be distributed to a statewide dental carrier to  
8 10 provide funds to continue the donated dental services program  
8 11 patterned after the projects developed by the lifeline network  
8 12 to provide dental services to indigent individuals who are  
8 13 elderly or with disabilities.

Allocates \$64,640 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is an increase of \$1,939 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

8 14 e. Of the funds appropriated in this subsection, ~~\$78,241~~  
8 15 ~~\$156,482~~ shall be used to provide audiological services and  
8 16 hearing aids for children. The department may enter into a  
8 17 contract to administer this paragraph.

Allocates \$156,482 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is an increase of \$156,482 compared to estimated net FY 2018. Although this Program was included in FY 2018 Health and

Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

8 18 f. Of the funds appropriated in this subsection, ~~\$11,500~~  
8 19 \$23,000 is transferred to the university of Iowa college of  
8 20 dentistry for provision of primary dental services to children.  
8 21 State funds shall be matched on a dollar-for-dollar basis.  
8 22 The university of Iowa college of dentistry shall coordinate  
8 23 efforts with the department of public health, bureau of  
8 24 oral and health delivery systems, to provide dental care to  
8 25 underserved populations throughout the state.

Transfers \$23,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is an increase of \$23,000 compared to estimated net FY 2018. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

8 26 g. Of the funds appropriated in this subsection, ~~\$25,000~~  
8 27 \$50,000 shall be used to address youth suicide prevention.

Allocates \$50,000 for a Youth Suicide Prevention Program.

DETAIL: This is an increase of \$10,054 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. Funds are used to provide the Your Life Iowa resource, which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24/7, and texting services from 2:00 pm to 10:00 pm daily.

8 28 h. Of the funds appropriated in this subsection, ~~\$20,255~~  
8 29 \$40,511 shall be used to support the Iowa effort to address the  
8 30 survey of children who experience adverse childhood experiences  
8 31 known as ACEs.

Allocates \$40,511 to support the Iowa effort to address the survey of children who experience adverse childhood experiences (ACEs).

DETAIL: This is an increase of \$15,511 compared to estimated net FY 2018. The appropriation supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions in the Behavioral Risk Factor Surveillance System to further track and study this topic.

8 32 i. The department of public health shall continue to  
8 33 administer the program to assist parents in this state with  
8 34 costs resulting from the death of a child in accordance with  
8 35 the provisions of 2014 Iowa Acts, chapter 1140, section 22,  
9 1 subsection 12.

Requires the DPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to the DHS.

DETAIL: The Program received an allocation of \$100,000 with nonreversion language in FY 2016. As of April 1, 2017, no funds remain available for the Program.

9 2 j. Of the funds appropriated in this subsection, up to  
 9 3 \$494,993 shall be used for childhood obesity prevention.

Allocates no more than \$494,993 to be used on childhood obesity prevention.

DETAIL: This is an increase of \$300,000 compared to estimated net FY 2018, but the DPH is not permitted to spend more than this amount. Although this Program was not included in the FY 2018 Health and Human Services Appropriations Act, the Department restarted the Program through a transfer permitted by the Act.

9 4 3. CHRONIC CONDITIONS  
 9 5 For serving individuals identified as having chronic  
 9 6 conditions or special health care needs, and for not more than  
 9 7 the following full-time equivalent positions:  
 9 8 ..... \$ 2,085,375  
 9 9 ..... 4,528,109  
 9 10 ..... FTEs 5.00  
 9 11 ..... 9.00

General Fund appropriation to Chronic Conditions programs.

DETAIL: This is an increase of \$981,352 and 4.00 FTE positions compared to estimated net FY 2018. Changes include:

- An increase of \$64,387 to Child Health Specialty Clinics (CHSC).
- An increase of \$144,097 to the Epilepsy Foundation.
- An increase of \$150,000 to the Melanoma Research and Clinical Trials allocation.
- An increase of \$384,552 to restore the Regional Autism Assistance Program.
- An increase of \$153,755 to the Inherited Metabolic Disorders Program.
- An increase of \$20,850 to the Brain Injury Services Program.
- An increase of \$63,711 to backfill the FY 2018 deappropriation.

9 12 a. Of the funds appropriated in this subsection, ~~\$76,877~~  
 9 13 \$153,755 shall be used for grants to individual patients who  
 9 14 have an inherited metabolic disorder to assist with the costs  
 9 15 of medically necessary foods and formula.

Allocates \$153,755 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.

DETAIL: This is an increase of \$153,755 compared to estimated net FY 2018. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.

9 16 b. Of the funds appropriated in this subsection, ~~\$540,397~~  
 9 17 \$1,055,291 shall be used for the brain injury services program  
 9 18 pursuant to section 135.22B, including for contracting with an  
 9 19 existing nationally affiliated and statewide organization whose  
 9 20 purpose is to educate, serve, and support Iowans with brain  
 9 21 injury and their families for resource facilitator services  
 9 22 in accordance with section 135.22B, subsection 9, and for

Allocates \$1,055,291 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is an increase of \$20,850 compared to the estimated net FY 2018 allocation. The Brain Injury Services Program, established in Iowa Code section [135.22B](#), works to improve the lives of Iowans

9 23 contracting to enhance brain injury training and recruitment  
 9 24 of service providers on a statewide basis. Of the amount  
 9 25 allocated in this paragraph, ~~\$47,500~~ \$95,000 shall be used to  
 9 26 fund one full-time equivalent position to serve as the state  
 9 27 brain injury services program manager.

living with brain injuries and the lives of their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

9 28 c. Of the funds appropriated in this subsection, ~~\$72,048~~  
 9 29 \$144,097 shall be used for the public purpose of continuing  
 9 30 to contract with an existing national-affiliated organization  
 9 31 to provide education, client-centered programs, and client  
 9 32 and family support for people living with epilepsy and their  
 9 33 families. The amount allocated in this paragraph in excess  
 9 34 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the  
 9 35 organization specified.

Allocates \$144,097 for epilepsy education and support. Requires a dollar-for-dollar match of \$44,097 of the funds received.

DETAIL: This is an increase of \$144,097 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. Funding provides for education, client-centered programs, and client and family support for people and families of people living with epilepsy.

10 1 d. Of the funds appropriated in this subsection, ~~\$404,775~~  
 10 2 \$809,550 shall be used for child health specialty clinics.

Allocates \$809,550 for the CHSC.

DETAIL: This is an increase of \$86,742 compared to the estimated net FY 2018 allocation. The increase restores two budget reductions in FY 2018. The CHSC Program is operated by the University of Iowa (UI) Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. The CHSC serves children and youth, from birth through 21 years of age, who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

10 3 e. Of the funds appropriated in this subsection,  
 10 4 ~~\$192,276~~ \$384,552 shall be used by the regional autism  
 10 5 assistance program established pursuant to section 256.35,  
 10 6 and administered by the child health specialty clinic located  
 10 7 at the university of Iowa hospitals and clinics. The funds  
 10 8 shall be used to enhance interagency collaboration and  
 10 9 coordination of educational, medical, and other human services  
 10 10 for persons with autism, their families, and providers of  
 10 11 services, including delivering regionalized services of care  
 10 12 coordination, family navigation, and integration of services  
 10 13 through the statewide system of regional child health specialty  
 10 14 clinics and fulfilling other requirements as specified in  
 10 15 chapter 225D. The university of Iowa shall not receive funds  
 10 16 allocated under this paragraph for indirect costs associated  
 10 17 with the regional autism assistance program.

Allocates \$384,552 to be used by the Regional Autism Assistance Program (RAP) to create autism support programs administered by the CHSC located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is an increase of \$384,552 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act. The UI is prohibited from receiving any funds for indirect costs associated with the allocation. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services. In addition, the RAP coordinates in-service training and provides technical assistance, consultation, information, and referral.

10 18 f. Of the funds appropriated in this subsection, \$288,687  
 10 19 ~~\$577,375~~ shall be used for the comprehensive cancer control  
 10 20 program to reduce the burden of cancer in Iowa through  
 10 21 prevention, early detection, effective treatment, and ensuring  
 10 22 quality of life. Of the funds allocated in this paragraph "f",  
 10 23 ~~\$75,000~~ \$150,000 shall be used to support a melanoma research  
 10 24 symposium, a melanoma biorepository and registry, basic and  
 10 25 translational melanoma research, and clinical trials.

Allocates \$577,375 for the Iowa Comprehensive Cancer Control Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is an increase of \$150,000 for the melanoma research program compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

10 26 g. Of the funds appropriated in this subsection, ~~\$48,766~~  
 10 27 \$97,532 shall be used for cervical and colon cancer screening,  
 10 28 and ~~\$88,860~~ \$177,720 shall be used to enhance the capacity of  
 10 29 the cervical cancer screening program to include provision  
 10 30 of recommended prevention and early detection measures to a  
 10 31 broader range of low-income women.

Allocates \$97,532 for cervical and colon cancer screening and \$177,720 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$275,252.

DETAIL: This is an increase of \$2,584 for cervical and colon cancer screening and \$18,495 for enhanced capacity of the Cervical Cancer Screening Program compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

10 32 h. Of the funds appropriated in this subsection, ~~\$253,477~~  
 10 33 \$506,355 shall be used for the center for congenital and  
 10 34 inherited disorders.

Allocates \$506,355 for the Center for Congenital and Inherited Disorders (CCID) Central Registry.

DETAIL: This is an increase of \$18,041 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans.

10 35 i. Of the funds appropriated in this subsection, ~~\$107,634~~  
 11 1 \$225,263 shall be used by the department of public health  
 11 2 for reform-related activities, including but not limited to  
 11 3 facilitation of communication to stakeholders at the state and  
 11 4 local level, administering the patient-centered health advisory  
 11 5 council pursuant to section 135.159, and involvement in health  
 11 6 care system innovation activities occurring across the state.

Allocates \$225,263 for the DPH Office of Health Care Transformation (OHCT), which handles Affordable Care Act-related initiatives.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. This Office serves as a key point of contact for initiatives at the DPH related to the Affordable Care Act, including the Health Benefit Exchange, Accountable Care Organizations, Patient Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility, and care coordination. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts.

11 7 j. Of the funds appropriated in this subsection, ~~\$11,050~~  
 11 8 \$322,100 shall be used for administration of chapter ~~124D~~ 124E,

Allocates \$322,100 for the administration of Iowa Code chapter [124E](#), the Medical Cannabidiol Act.

11 9 the medical cannabidiol Act.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The new law establishes a Medical Cannabidiol Board. It also specifies timelines for licensing manufacturers and dispensaries and requires medical cannabidiol dispensaries to begin dispensing to patients in Iowa by December 1, 2018.

NOTE: [Senate File 2414](#) (FY 2019 Rebuild Iowa Infrastructure Fund Appropriations Bill) appropriates \$350,000 from the Technology Reinvestment Fund for the acquisition of a system to track medical cannabidiol sales as well as production, inventory, and delivery of medical cannabidiol.

General Fund appropriation to Community Capacity programs.

DETAIL: This is an increase of \$2,618,273 and no change in FTE positions compared to estimated net FY 2018. The General Fund changes include:

- An increase of \$38,842 to partially backfill FY 2018 deappropriations.
- An increase of \$250,000 for Des Moines University for psychiatric training for physicians.
- An increase of \$2,000,000 to resume funding the Medical Residency Program.
- An increase of \$96,138 to restore the Prevent Blindness Iowa Initiative.
- An increase of \$86,548 for the Free Clinics of Iowa.
- An increase of \$41,745 for Specialty Health Care.
- An increase of \$105,000 for the Drug Donation Program.

Allocates \$95,575 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the DPH to submit a report to the individuals identified in the Bill regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.

DETAIL: This is an increase of \$2,867 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

Eliminates an allocation for a UI initiative to expand and improve the

11 10 4. COMMUNITY CAPACITY

11 11 For strengthening the health care delivery system at the  
11 12 local level, and for not more than the following full-time  
11 13 equivalent positions:

11 14	.....	\$	1,453,888
11 15	.....		4,970,152
11 16	.....	FTEs	13.00

11 17 a. Of the funds appropriated in this subsection, ~~\$47,787~~  
11 18 \$95,575 is allocated for continuation of the child vision  
11 19 screening program implemented through the university of Iowa  
11 20 hospitals and clinics in collaboration with early childhood  
11 21 Iowa areas. The program shall submit a report to the  
11 22 individuals identified in this Act for submission of reports  
11 23 regarding the use of funds allocated under this paragraph  
11 24 "a". The report shall include the objectives and results for  
11 25 the program year including the target population and how the  
11 26 funds allocated assisted the program in meeting the objectives;  
11 27 the number, age, and location within the state of individuals  
11 28 served; the type of services provided to the individuals  
11 29 served; the distribution of funds based on service provided;  
11 30 and the continuing needs of the program.

11 31 ~~b. Of the funds appropriated in this subsection, \$52,828 is~~

11 32 ~~allocated for continuation of an initiative implemented at the~~  
 11 33 ~~university of Iowa to expand and improve the workforce engaged~~  
 11 34 ~~in mental health treatment and services. The initiative shall~~  
 11 35 ~~receive input from the university of Iowa, the department of~~  
 12 1 ~~human services, the department of public health, and the mental~~  
 12 2 ~~health and disability services commission to address the focus~~  
 12 3 ~~of the initiative.~~

mental health treatment and services workforce.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

12 4 ~~—c. Of the funds appropriated in this section, \$41,657 shall~~  
 12 5 ~~be deposited in the governmental public health system fund~~  
 12 6 ~~created in section 135A.8 to be used for the purposes of the~~  
 12 7 ~~fund.~~

Eliminates an allocation transferring funds to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the Program for FY 2018 through a general reduction required by the Act.

12 8 d. Of the funds appropriated in this subsection, ~~\$24,034~~  
 12 9 ~~\$48,069~~ shall be used for a grant to a statewide association  
 12 10 of psychologists that is affiliated with the American  
 12 11 psychological association to be used for continuation of a  
 12 12 program to rotate intern psychologists in placements in urban  
 12 13 and rural mental health professional shortage areas, as defined  
 12 14 in section 135.180.

Allocates \$48,069 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is an increase of \$1,442 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation. The Program is not a loan repayment program, but increases access through creating new opportunities for doctoral-level psychologists to complete a required rotation in Iowa as opposed to leaving the State. The Program targets health professional shortage areas and rural areas.

12 15 e. Of the funds appropriated in this subsection, the  
 12 16 following amounts are allocated to be used as follows to  
 12 17 support the Iowa collaborative safety net provider network  
 12 18 goals of increased access, health system integration, and  
 12 19 engagement.  
 12 20 (1) Not less than ~~\$260,934~~ \$542,829 is allocated to the  
 12 21 Iowa prescription drug corporation for continuation of the  
 12 22 pharmaceutical infrastructure for safety net providers as  
 12 23 described in 2007 Iowa Acts, chapter 218, section 108, and for  
 12 24 the prescription drug donation repository program created in  
 12 25 chapter 135M.  
 12 26 (2) Not less than ~~\$167,435~~ \$334,870 is allocated to free  
 12 27 clinics and free clinics of Iowa for necessary infrastructure,  
 12 28 statewide coordination, provider recruitment, service delivery,  
 12 29 and provision of assistance to patients in securing a medical  
 12 30 home inclusive of oral health care.  
 12 31 (3) Not less than ~~\$12,500~~ \$25,000 is allocated to the  
 12 32 Iowa association of rural health clinics for necessary

Allocates a total of \$1,108,192 to support the goals of the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section 135.153. Of that amount, \$542,829 is allocated for the Iowa Prescription Drug Corporation, \$334,870 for free clinics and Free Clinics of Iowa, \$25,000 for rural health clinics, and \$205,493 to the Polk County Medical Society for specialty health care clinics.

DETAIL: This is an increase of \$259,540 compared to the estimated net FY 2018 allocation. The changes include the following:

- An increase of \$86,548 to the Free Clinics of Iowa allocation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.
- An increase of \$41,745 to the Specialty Health Care allocation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.



12 33 infrastructure and service delivery transformation.  
 12 34 (4) Not less than ~~\$50,000~~ \$205,493 is allocated to the  
 12 35 Polk county medical society for continuation of the safety net  
 13 1 provider patient access to a specialty health care initiative  
 13 2 as described in 2007 Iowa Acts, chapter 218, section 109.

- An increase of \$105,000 to the Iowa Prescription Drug Corporation to return it to the level prior to an adjustment by the DPH through a general reduction required by the FY 2018 Health and Human Services Appropriations Act.
- An increase of \$26,247 to backfill the FY 2018 deappropriation.

13 3 f. Of the funds appropriated in this subsection, ~~\$38,145~~  
 13 4 \$15,000 shall be used by the department in implementing  
 13 5 the recommendations in the final report submitted by the  
 13 6 direct care worker advisory council to the governor and the  
 13 7 general assembly in March 2012, including by continuing to  
 13 8 develop, promote, and make available on a statewide basis the  
 13 9 prepare-to-care core curriculum and its associated modules  
 13 10 and specialties through various formats including online  
 13 11 access, community colleges, and other venues; exploring new and  
 13 12 maintaining existing specialties including but not limited to  
 13 13 oral health and dementia care; supporting instructor training;  
 13 14 and assessing and making recommendations concerning the Iowa  
 13 15 care book and information technology systems and infrastructure  
 13 16 uses and needs.

Allocates \$15,000 for Direct Care Worker Initiative funding.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

13 17 g. Of the funds appropriated in this subsection, ~~\$95,594~~  
 13 18 \$176,188 shall be allocated for continuation of the contract  
 13 19 with an independent statewide direct care worker organization  
 13 20 previously selected through a request for proposals process.  
 13 21 The contract shall continue to include performance and outcomes  
 13 22 measures, and shall continue to allow the contractor to use a  
 13 23 portion of the funds received under the contract to collect  
 13 24 data to determine results based on the performance and outcomes  
 13 25 measures.

Allocates \$176,188 for the continuation of a contract previously awarded through a request for proposals (RFP) process for an independent direct care worker organization for promotion and education on direct care workforce issues.

DETAIL: This is an increase of \$5,286 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

13 26 h. Of the funds appropriated in this subsection, the  
 13 27 department may use up to ~~\$29,087~~ \$58,175 for up to one  
 13 28 full-time equivalent position to administer the volunteer  
 13 29 health care provider program pursuant to section 135.24.

Permits the DPH to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Program goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.

13 30 i. Of the funds appropriated in this subsection, ~~\$48,069~~  
 13 31 \$96,138 shall be used for a matching dental education loan  
 13 32 repayment program to be allocated to a dental nonprofit health  
 13 33 service corporation to continue to develop the criteria and  
 13 34 implement the loan repayment program.

Allocates \$96,138 for the Fulfilling Iowa's Need for Dentists (FIND) Dental Education Loan Repayment Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.00% of their practice to Medicaid-eligible, elderly, disabled, and other underserved

patients over a three-year period.

Eliminates the transfer to the College Student Aid Commission for deposit in the Primary Care Trust.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the transfer for FY 2018 through a general reduction required by the Act. Historically, this program has also received funding in the Education Appropriations Bill.

Allocates \$100,000 to the Iowa Donor Registry.

DETAIL: This is an increase of \$3,000 compared to the estimated net FY 2018 allocation.

Allocates \$96,138 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and results of the Program.

DETAIL: This is an increase of \$96,138 compared to the estimated net FY 2018 allocation. Although this Program was included in the FY 2018 Health and Human Services Appropriations Act, the Department eliminated the transfer for FY 2018 through a general reduction required by the Act. The organization is required to submit a report outlining objectives, target population and locations, services provided, and other details. The Program seeks to increase statewide vision screening programs provided to children by volunteers and nurses, and it must specifically target children in child care centers and schools.

Allocates \$2,000,000 for the Medical Residency Training Program.

DETAIL: This is an increase of \$2,000,000 compared to estimated net FY 2018. The Program was not funded in FY 2018, but has been funded in other fiscal years. The Program is a matching grants program to provide State funding to sponsors of accredited graduate medical education residency programs in this State to establish, expand, or support medical residency training programs.

Allocates \$250,000 to Des Moines University to establish a program that trains doctors on identifying and treating patients with mental

13 35 ~~—j. Of the funds appropriated in this subsection, \$26,455 is~~  
14 1 ~~transferred to the college student aid commission for deposit~~  
14 2 ~~in the rural Iowa primary care trust fund created in section~~  
14 3 ~~261.113 to be used for the purposes of the fund.~~

14 4 k. Of the funds appropriated in this subsection, ~~\$75,000~~  
14 5 \$100,000 shall be used for the purposes of the Iowa donor  
14 6 registry as specified in section 142C.18.

14 7 l. Of the funds appropriated in this subsection, ~~\$48,069~~  
14 8 \$96,138 shall be used for continuation of a grant to a  
14 9 nationally affiliated volunteer eye organization that has an  
14 10 established program for children and adults and that is solely  
14 11 dedicated to preserving sight and preventing blindness through  
14 12 education, nationally certified vision screening and training,  
14 13 and community and patient service programs. The organization  
14 14 shall submit a report to the individuals identified in this  
14 15 Act for submission of reports regarding the use of funds  
14 16 allocated under this paragraph "l". The report shall include  
14 17 the objectives and results for the program year including  
14 18 the target population and how the funds allocated assisted  
14 19 the program in meeting the objectives; the number, age, and  
14 20 location within the state of individuals served; the type of  
14 21 services provided to the individuals served; the distribution  
14 22 of funds based on services provided; and the continuing needs  
14 23 of the program.

14 24 m. Of the funds appropriated in this subsection, ~~\$436,327~~  
14 25 \$2,000,000 shall be deposited in the medical residency training  
14 26 account created in section 135.175, subsection 5, paragraph  
14 27 "a", and is appropriated from the account to the department  
14 28 of public health to be used for the purposes of the medical  
14 29 residency training state matching grants program as specified  
14 30 in section 135.176.

14 31 n. Of the funds appropriated in this subsection, \$250,000  
14 32 shall be used for the public purpose of providing funding to

14 33 Des Moines university to establish a provider education project  
 14 34 to provide primary care physicians with the training and skills  
 14 35 necessary to recognize signs of mental illness in patients.

health needs.

DETAIL: This is a new allocation. The State funding represents half of the Program's budgeted need.

15 1 5. ESSENTIAL PUBLIC HEALTH SERVICES  
 15 2 To provide public health services that reduce risks and  
 15 3 invest in promoting and protecting good health over the  
 15 4 course of a lifetime with a priority given to older Iowans and  
 15 5 vulnerable populations:  
 15 6 ..... \$ 4,098,939  
 15 7 ..... 7,662,464

General Fund appropriation to Essential Public Health Services.

DETAIL: This is an increase of \$1,522 compared to estimated net FY 2018. The increase is to backfill the FY 2018 deappropriation. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of Iowans, and enhancing health-promoting and disease-prevention services with a priority given to older Iowans and vulnerable populations. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

15 8 6. INFECTIOUS DISEASES  
 15 9 For reducing the incidence and prevalence of communicable  
 15 10 diseases, and for not more than the following full-time  
 15 11 equivalent positions:  
 15 12 ..... \$ 823,213  
 15 13 ..... 1,796,426  
 15 14 ..... FTEs 4.00

General Fund appropriation to Infectious Diseases programs for activities and programs to reduce the incidence and prevalence of communicable diseases.

DETAIL: This is an increase of \$43,640 and no change in FTE positions compared to estimated net FY 2018. The increase backfills the FY 2018 deappropriation.

15 15 7. PUBLIC PROTECTION  
 15 16 For protecting the health and safety of the public through  
 15 17 establishing standards and enforcing regulations, and for not  
 15 18 more than the following full-time equivalent positions:  
 15 19 ..... \$ 2,097,569  
 15 20 ..... 4,095,139  
 15 21 ..... FTEs 438.00  
 15 22 ..... 141.00

General Fund appropriation to Public Protection programs.

DETAIL: This is an increase of \$11,252 and 2.00 FTE positions compared to estimated net FY 2018. The increased funding backfills the FY 2018 deappropriation, and the increased FTE positions reflect Department need.

15 23 a. Of the funds appropriated in this subsection, not more  
 15 24 than ~~\$152,350~~ \$304,700 shall be credited to the emergency  
 15 25 medical services fund created in section 135.25. Moneys in  
 15 26 the emergency medical services fund are appropriated to the  
 15 27 department to be used for the purposes of the fund.

Allocates up to \$304,700 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.

15 28 b. Of the funds appropriated in this subsection, up

Allocates up to \$243,260 to provide program funding for sexual

15 29 to ~~\$121,630~~ \$243,260 shall be used for sexual violence  
 15 30 prevention programming through a statewide organization  
 15 31 representing programs serving victims of sexual violence  
 15 32 through the department's sexual violence prevention program,  
 15 33 and for continuation of a training program for sexual assault  
 15 34 response team (SART) members, including representatives of  
 15 35 law enforcement, victim advocates, prosecutors, and certified  
 16 1 medical personnel. The amount allocated in this paragraph "b"  
 16 2 shall not be used to supplant funding administered for other  
 16 3 sexual violence prevention or victims assistance programs.

violence prevention programs.

DETAIL: This is an increase of \$7,298 compared to the estimated net FY 2018 allocation to backfill the FY 2018 deappropriation.

16 4 c. Of the funds appropriated in this subsection, up to  
 16 5 ~~\$287,843~~ \$500,000 shall be used for the state poison control  
 16 6 center. Pursuant to the directive under 2014 Iowa Acts,  
 16 7 chapter 1140, section 102, the federal matching funds available  
 16 8 to the state poison control center from the department of human  
 16 9 services under the federal Children's Health Insurance Program  
 16 10 Reauthorization Act allotment shall be subject to the federal  
 16 11 administrative cap rule of 10 percent applicable to funding  
 16 12 provided under Tit.XXI of the federal Social Security Act and  
 16 13 included within the department's calculations of the cap.

Allocates up to \$500,000 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

16 14 d. Of the funds appropriated in this subsection, up to  
 16 15 ~~\$258,491~~ \$504,796 shall be used for childhood lead poisoning  
 16 16 provisions.

Allocates up to \$504,796 for childhood lead poisoning testing.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

#### 16 17 8. RESOURCE MANAGEMENT

16 18 For establishing and sustaining the overall ability of the  
 16 19 department to deliver services to the public, and for not more  
 16 20 than the following full-time equivalent positions:

16 21 .....	\$	485,607
16 22 .....		<u>971,215</u>
16 23 .....	FTEs	4.00

General Fund appropriation for Resource Management activities.

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2018.

16 24 Sec. 7. 2017 Iowa Acts, chapter 174, section 42, subsections  
 16 25 10 and 11, are amended by striking the subsections.

Repeals a budget reduction already incorporated into the DPH budget and language that allows the DPH to transfer funds within or between FY 2019 allocations or appropriations made in this Division.

#### 16 26 DIVISION IV 16 27 DEPARTMENT OF VETERANS AFFAIRS — FY 2018-2019

16 28 Sec. 8. 2017 Iowa Acts, chapter 174, section 43, is amended  
 16 29 to read as follows:  
 16 30 SEC. 43. DEPARTMENT OF VETERANS AFFAIRS. There is  
 16 31 appropriated from the general fund of the state to the  
 16 32 department of veterans affairs for the fiscal year beginning

16 33 July 1, 2018, and ending June 30, 2019, the following amounts,  
 16 34 or so much thereof as is necessary, to be used for the purposes  
 16 35 designated:

17 1 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 17 2 For salaries, support, maintenance, and miscellaneous  
 17 3 purposes, and for not more than the following full-time  
 17 4 equivalent positions:  
 17 5 ..... \$ 571,278  
 17 6 ..... 1,150,500  
 17 7 ..... FTEs 15.00

General Fund appropriation to the Department of Veterans Affairs.

DETAIL: This is an increase of \$34,920 and 2.00 FTE positions compared to estimated net FY 2018. The increase in funding is for reclassifying the pay grade of the Director and for providing additional funding for cemetery maintenance. The increase in FTE positions matches the FY 2018 authorized amount.

17 8 2. IOWA VETERANS HOME  
 17 9 For salaries, support, maintenance, and miscellaneous  
 17 10 purposes:  
 17 11 ..... \$ 3,614,070  
 17 12 ..... 7,162,976

General Fund appropriation to the Iowa Veterans Home (IVH).

DETAIL: This is no change compared to estimated net FY 2018.

17 13 a. The Iowa veterans home billings involving the department  
 17 14 of human services shall be submitted to the department on at  
 17 15 least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

17 16 b. Within available resources and in conformance with  
 17 17 associated state and federal program eligibility requirements,  
 17 18 the Iowa veterans home may implement measures to provide  
 17 19 financial assistance to or on behalf of veterans or their  
 17 20 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance within State and federal eligibility requirements to support participation in the Community Reentry Program.

17 21 d. The Iowa veterans home shall continue to include in the  
 17 22 annual discharge report applicant information and to provide  
 17 23 for the collection of demographic information including but not  
 17 24 limited to the number of individuals applying for admission and  
 17 25 admitted or denied admittance and the basis for the admission  
 17 26 or denial; the age, gender, and race of such individuals;  
 17 27 and the level of care for which such individuals applied for  
 17 28 admission including residential or nursing level of care.

Requires the IVH to expand its annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

17 29 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
 17 30 For transfer to the Iowa finance authority for the  
 17 31 continuation of the home ownership assistance program for  
 17 32 persons who are or were eligible members of the armed forces of  
 17 33 the United States, pursuant to section 16.54:  
 17 34 ..... \$ 1,000,000  
 17 35 ..... 2,000,000

General Fund appropriation to the Home Ownership Assistance Program for military service members and veterans, to be transferred to the Iowa Finance Authority.

DETAIL: This is no change compared to estimated net FY 2018. A \$5,000 grant is available to a service member for down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and this is a once-in-a-lifetime grant.

18 1 Sec. 9. 2017 Iowa Acts, chapter 174, section 44, is amended  
18 2 to read as follows:

18 3 SEC. 44. LIMITATION OF COUNTY COMMISSIONS OF VETERAN  
18 4 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the  
18 5 standing appropriation in section 35A.16 for the fiscal year  
18 6 beginning July 1, 2018, and ending June 30, 2019, the amount  
18 7 appropriated from the general fund of the state pursuant to  
18 8 that section for the following designated purposes shall not  
18 9 exceed the following amount:

18 10 For the county commissions of veteran affairs fund under  
18 11 section 35A.16:

18 12	.....	\$	473,962
18 13			<u>990,000</u>

CODE: Requires the FY 2019 General Fund standing appropriation to the County Commissions of Veteran Affairs Fund to be limited to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is an increase of \$51,975 compared to estimated net FY 2018. Funding is used for the administration and maintenance of County Commission of Veteran Affairs Offices. Staff must agree to maintain the current spending levels compared to the previous fiscal year.

18 14 DIVISION V  
18 15 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019  
18 16 Sec. 10. 2017 Iowa Acts, chapter 174, section 45, is amended  
18 17 to read as follows:

18 18 SEC. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
18 19 GRANT. There is appropriated from the fund created in section  
18 20 8.41 to the department of human services for the fiscal year  
18 21 beginning July 1, 2018, and ending June 30, 2019, from moneys  
18 22 received under the federal temporary assistance for needy  
18 23 families (TANF) block grant pursuant to the federal Personal  
18 24 Responsibility and Work Opportunity Reconciliation Act of 1996,  
18 25 Pub.L.No.104-193, and successor legislation, the following  
18 26 amounts, or so much thereof as is necessary, to be used for the  
18 27 purposes designated:

Appropriates moneys from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2019.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,028,542 per year.

18 28 1. To be credited to the family investment program account  
18 29 and used for assistance under the family investment program  
18 30 under chapter 239B:

18 31	.....	\$	2,556,234
18 32			<u>4,539,006</u>

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the FIP Account.

DETAIL: This is a decrease of \$573,456 compared to estimated net FY 2018 due to lower caseloads. Iowa's FIP is a cash assistance program to support low-income families with children and to provide services to help them to become self-sufficient.

18 33 2. To be credited to the family investment program account  
18 34 and used for the job opportunities and basic skills (JOBS)  
18 35 program and implementing family investment agreements in  
19 1 accordance with chapter 239B:

19 2	.....	\$	2,787,846
19 3			<u>5,412,060</u>

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the PROMISE JOBS Program.

DETAIL: This is a decrease of \$163,633 compared to estimated net FY 2018 due to lower caseloads. The PROMISE JOBS Program provides training, education, and employment services to FIP recipients. In addition, the Program pays allowances for specified costs, such as transportation, related to participating in Program

activities.

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is a decrease of \$15,000 compared to estimated net FY 2018 due to the decrease in administrative expenses for the DHS. FaDSS is a home-based supportive service to assist families with significant or multiple barriers to reach self-sufficiency. The Program was created during the 1988 General Assembly to assist families participating in the FIP.

CODE: Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2019 to remain available for expenditure in FY 2020.

19 4 3. To be used for the family development and  
19 5 self-sufficiency grant program in accordance with section  
19 6 216A.107:  
19 7 .....\$ 1,449,490  
19 8 .....2,883,980

19 9 Notwithstanding section 8.33, moneys appropriated in this  
19 10 subsection that remain unencumbered or unobligated at the close  
19 11 of the fiscal year shall not revert but shall remain available  
19 12 for expenditure for the purposes designated until the close of  
19 13 the succeeding fiscal year. However, unless such moneys are  
19 14 encumbered or obligated on or before September 30, 2019, the  
19 15 moneys shall revert.

19 16 4. For field operations:  
19 17 .....\$ 15,648,116  
19 18 .....31,296,232

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Field Operations.

DETAIL: This is no change compared to estimated net FY 2018.

19 19 5. For general administration:  
19 20 .....\$ 1,872,000  
19 21 .....3,744,000

Appropriates funds from the TANF FY 2019 Block Grant appropriation to General Administration.

DETAIL: This is no change compared to estimated net FY 2018.

19 22 6. For state child care assistance:  
19 23 .....\$ 23,933,413  
19 24 .....47,166,826

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Child Care Assistance.

DETAIL: This is a decrease of \$700,000 compared to estimated net FY 2018.

19 25 a. Of the funds appropriated in this subsection,  
19 26 ~~\$13,164,048~~ \$26,205,412 is transferred to the child care  
19 27 and development block grant appropriation made by the  
19 28 Eighty-seventh General Assembly, 2018 session, for the federal  
19 29 fiscal year beginning October 1, 2018, and ending September  
19 30 30, 2019. Of this amount, ~~\$100,000~~ \$200,000 shall be used  
19 31 for provision of educational opportunities to registered  
19 32 child care home providers in order to improve services and  
19 33 programs offered by this category of providers and to increase

Requires the DHS to transfer \$26,205,412 to the Child Care and Development Block Grant appropriation and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges and universities or child care resource and referral centers to provide training, and specifies requirements for grant funding and applications. Requires that contractor administrative costs do not exceed 5.00%.

19 34 the number of providers. The department may contract with  
 19 35 institutions of higher education or child care resource and  
 20 1 referral centers to provide the educational opportunities.  
 20 2 Allowable administrative costs under the contracts shall not  
 20 3 exceed 5 percent. The application for a grant shall not exceed  
 20 4 two pages in length.

20 5 b. Any funds appropriated in this subsection remaining  
 20 6 unallocated shall be used for state child care assistance  
 20 7 payments for families who are employed including but not  
 20 8 limited to individuals enrolled in the family investment  
 20 9 program.

20 10 7. For child and family services:  
 20 11 .....\$ 16,190,327  
 20 12 .....32,380,654

Specifies that approximately \$22,161,414 will be used for child care assistance for employed individuals enrolled in the FIP.

Appropriates funds from the TANF FY 2019 Block Grant appropriation to Child and Family Services.

DETAIL: This is no change compared to estimated net FY 2018.

20 13 8. For child abuse prevention grants:  
 20 14 .....\$ 62,500  
 20 15 .....125,000

Appropriates funds from the TANF FY 2019 Block Grant appropriation for child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2018.

20 16 9. For pregnancy prevention grants on the condition that  
 20 17 family planning services are funded:  
 20 18 .....\$ 965,033  
 20 19 .....1,913,203

Appropriates funds from the TANF FY 2019 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is a decrease of \$16,864 compared to estimated net FY 2018 to reflect actual spending on the Program.

20 20 Pregnancy prevention grants shall be awarded to programs  
 20 21 in existence on or before July 1, 2018, if the programs have  
 20 22 demonstrated positive outcomes. Grants shall be awarded to  
 20 23 pregnancy prevention programs which are developed after July  
 20 24 1, 2018, if the programs are based on existing models that  
 20 25 have demonstrated positive outcomes. Grants shall comply with  
 20 26 the requirements provided in 1997 Iowa Acts, chapter 208,  
 20 27 section 14, subsections 1 and 2, including the requirement that  
 20 28 grant programs must emphasize sexual abstinence. Priority in  
 20 29 the awarding of grants shall be given to programs that serve  
 20 30 areas of the state which demonstrate the highest percentage of  
 20 31 unplanned pregnancies of females of childbearing age within the  
 20 32 geographic area to be served by the grant.

Requires the DHS to award pregnancy prevention grants only to programs that are based on existing models and have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

20 33 10. For technology needs and other resources necessary  
 20 34 to meet federal welfare reform reporting, tracking, and case

Appropriates funds from the TANF FY 2019 Block Grant appropriation for federal welfare reform reporting, tracking, and case management



20 35 management requirements:  
 21 1 .....\$ 518,593  
 21 2 .....1,037,186

technology and resource needs.

DETAIL: This is no change compared to estimated net FY 2018.

21 3 11. a. Notwithstanding any provision to the contrary,  
 21 4 including but not limited to requirements in section 8.41 or  
 21 5 provisions in 2017 or 2018 Iowa Acts regarding the receipt and  
 21 6 appropriation of federal block grants, federal funds from the  
 21 7 temporary assistance for needy families block grant received  
 21 8 by the state and not otherwise appropriated in this section  
 21 9 and remaining available for the fiscal year beginning July 1,  
 21 10 2018, are appropriated to the department of human services to  
 21 11 the extent as may be necessary to be used in the following  
 21 12 priority order: the family investment program, for state child  
 21 13 care assistance program payments for families who are employed,  
 21 14 and for the family investment program share of system costs  
 21 15 ~~to develop and maintain a new, integrated for~~ eligibility  
 21 16 ~~determination system and related functions.~~ The federal funds  
 21 17 appropriated in this paragraph "a" shall be expended only after  
 21 18 all other funds appropriated in subsection 1 for assistance  
 21 19 under the family investment program, in subsection 6 for child  
 21 20 care assistance, or in subsection 10 for technology costs  
 21 21 related to the family investment program, as applicable, have  
 21 22 been expended. For the purposes of this subsection, the funds  
 21 23 appropriated in subsection 6, paragraph "a", for transfer  
 21 24 to the child care and development block grant appropriation  
 21 25 are considered fully expended when the full amount has been  
 21 26 transferred.

CODE: Permits the DHS to carry forward unused TANF funds.

DETAIL: Funds carried forward may be used for the FIP, technology costs related to the FIP, and the Child Care Assistance Program.

21 27 b. The department shall, on a quarterly basis, advise the  
 21 28 legislative services agency and department of management of  
 21 29 the amount of funds appropriated in this subsection that was  
 21 30 expended in the prior quarter.

Requires the DHS to submit quarterly reports to the Legislative Services Agency (LSA) and the Department of Management (DOM) regarding expenditures in this section.

21 31 12. Of the amounts appropriated in this section, ~~\$6,481,004~~  
 21 32 \$12,962,008 for the fiscal year beginning July 1, 2018, is  
 21 33 transferred to the appropriation of the federal social services  
 21 34 block grant made to the department of human services for that  
 21 35 fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated net FY 2018.

22 1 13. For continuation of the program providing categorical  
 22 2 eligibility for the food assistance program as specified  
 22 3 for the program in the section of this division of this Act  
 22 4 relating to the family investment program account:  
 22 5 .....\$ 42,500  
 22 6 .....14,236

Appropriates funds from the TANF FY 2019 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is a decrease of \$10,764 compared to estimated net FY 2018 to reflect actual spending on the Program. This language provides for consistent eligibility determination both for households that are categorically eligible for Food Assistance due to eligibility for the

Promoting Awareness of the Benefits of a Healthy Marriage Program and for the few households that cannot meet categorical eligibility criteria.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

Permits the DHS to transfer excess funds from the TANF Block Grant appropriation to the FIP Account to be used for assistance through the FIP within the same fiscal year and adds the Child Care Assistance Program to the list of programs to which the DHS can transfer available TANF funds.

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

Allocates \$5,000 to the DHS to be used for administrative services.

DETAIL: This is a decrease of \$15,000 compared to the estimated net FY 2018 allocation to reflect actual spending on administration.

Allocates \$6,192,834 of the FY 2019 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

22 7 14. The department may transfer funds allocated in this  
22 8 section to the appropriations made in this division of this Act  
22 9 for the same fiscal year for general administration and field  
22 10 operations for resources necessary to implement and operate the  
22 11 services referred to in this section and those funded in the  
22 12 appropriation made in this division of this Act for the same  
22 13 fiscal year for the family investment program from the general  
22 14 fund of the state.

22 15 15. With the exception of moneys allocated under this  
22 16 section for the family development and self-sufficiency grant  
22 17 program, to the extent moneys allocated in this section are  
22 18 deemed by the department not to be necessary to support the  
22 19 purposes for which they are allocated, such moneys may be  
22 20 ~~credited~~ used in the same fiscal year for any other purpose  
22 21 for which funds are allocated in this section or in section 7  
22 22 of this division for the family investment program account.  
22 23 If there are conflicting needs, priority shall first be given  
22 24 to the family investment program account as specified under  
22 25 subsection 1 of this section and used for the purposes of  
22 26 assistance under the family investment program under chapter  
22 27 239B in the same fiscal year, followed by state child care  
22 28 assistance program payments for families who are employed,  
22 29 followed by other priorities as specified by the department.

22 30 Sec. 11. 2017 Iowa Acts, chapter 174, section 46, subsection  
22 31 4, is amended to read as follows:

22 32 4. Moneys appropriated in this division of this Act and  
22 33 credited to the FIP account for the fiscal year beginning July  
22 34 1, 2018, and ending June 30, 2019, are allocated as follows:

22 35 a. To be retained by the department of human services to  
23 1 be used for coordinating with the department of human rights  
23 2 to more effectively serve participants in FIP and other shared  
23 3 clients and to meet federal reporting requirements under the  
23 4 federal temporary assistance for needy families block grant:  
23 5 .....\$ 40,000  
23 6 ..... 5,000

23 7 b. To the department of human rights for staffing,  
23 8 administration, and implementation of the family development  
23 9 and self-sufficiency grant program in accordance with section  
23 10 216A.107:

23 11 .....\$ 3,096,417  
 23 12 .....6,192,834

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

23 13 (1) Of the funds allocated for the family development  
 23 14 and self-sufficiency grant program in this paragraph "b",  
 23 15 not more than 5 percent of the funds shall be used for the  
 23 16 administration of the grant program.

Requires that a maximum of 5.00% of the allocation be spent on administration of the FaDSS Grant Program.

23 17 (2) The department of human rights may continue to implement  
 23 18 the family development and self-sufficiency grant program  
 23 19 statewide during fiscal year 2018-2019.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2019.

23 20 (3) The department of human rights may engage in activities  
 23 21 to strengthen and improve family outcomes measures and  
 23 22 data collection systems under the family development and  
 23 23 self-sufficiency grant program.

Permits the Department of Human Rights to collect data and measure outcomes of the FaDSS Grant Program.

23 24 c. For the diversion subaccount of the FIP account:  
 23 25 .....\$ 407,500  
 23 26 .....749,694

Allocates \$749,694 of FY 2019 TANF funds for the FIP Diversion Subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP Diversion Program.

23 27 A portion of the moneys allocated for the subaccount may  
 23 28 be used for field operations, salaries, data management  
 23 29 system development, and implementation costs and support  
 23 30 deemed necessary by the director of human services in order to  
 23 31 administer the FIP diversion program. To the extent moneys  
 23 32 allocated in this paragraph "c" are deemed by the department  
 23 33 not to be necessary to support diversion activities, such  
 23 34 moneys may be used for other efforts intended to increase  
 23 35 engagement by family investment program participants in work,  
 24 1 education, or training activities, or for the purposes of  
 24 2 assistance under the family investment program in accordance  
 24 3 with chapter 239B.

DETAIL: This is a decrease of \$65,306 compared to the estimated net FY 2018 allocation to reflect actual spending levels.

24 4 d. For the food assistance employment and training program:  
 24 5 .....\$ 33,294  
 24 6 .....66,588

Allocates \$66,588 of FY 2019 FIP funds to the Food Assistance Employment and Training Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

24 7 (1) The department shall apply the federal supplemental  
 24 8 nutrition assistance program (SNAP) employment and training  
 24 9 state plan in order to maximize to the fullest extent permitted  
 24 10 by federal law the use of the 50 percent federal reimbursement  
 24 11 provisions for the claiming of allowable federal reimbursement  
 24 12 funds from the United States department of agriculture  
 24 13 pursuant to the federal SNAP employment and training program  
 24 14 for providing education, employment, and training services

Requires the DHS to amend the federal Supplemental Nutrition Assistance Program (SNAP) Employment and Training State Plan to maximize federal matching funds received.

24 15 for eligible food assistance program participants, including  
 24 16 but not limited to related dependent care and transportation  
 24 17 expenses.

24 18 (2) The department shall continue the categorical federal  
 24 19 food assistance program eligibility at 160 percent of the  
 24 20 federal poverty level and continue to eliminate the asset test  
 24 21 from eligibility requirements, consistent with federal food  
 24 22 assistance program requirements. The department shall include  
 24 23 as many food assistance households as is allowed by federal  
 24 24 law. The eligibility provisions shall conform to all federal  
 24 25 requirements including requirements addressing individuals who  
 24 26 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals who are incarcerated.

24 27 e. For the JOBS program:  
 24 28 .....\$ 6,761,645  
 24 29 .....12,139,821

Permits the DHS to allocate \$12,139,821 of the FY 2019 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a reduction of \$1,383,469 compared to the estimated net FY 2018 allocation due to lower caseloads.

24 30 Sec. 12. 2017 Iowa Acts, chapter 174, section 46, is amended  
 24 31 by adding the following new subsection:

24 32 NEW SUBSECTION 7. The department of human services shall  
 24 33 convene a workgroup to review opportunities to increase state  
 24 34 engagement in the supplemental nutrition assistance program  
 24 35 (SNAP) employment and training program. The workgroup shall  
 25 1 explore the feasibility of expansion of the current pilot  
 25 2 program to a statewide basis, the potential involvement of  
 25 3 community-based organizations to the extent allowed by federal  
 25 4 law, and the leveraging of state and private funding to match  
 25 5 available federal funds. The membership of the workgroup  
 25 6 shall include representatives of the department of human  
 25 7 services, community colleges, community-based organizations  
 25 8 serving SNAP recipients, philanthropic organizations, and other  
 25 9 stakeholders with relevant interest or expertise as determined  
 25 10 by the department. The workgroup shall submit a report of its  
 25 11 findings and recommendations to the governor and the general  
 25 12 assembly by December 15, 2018.

Requires the DHS to convene a workgroup to review opportunities to increase State engagement in the SNAP. The workgroup is required to submit a report to the Governor and General Assembly by December 15, 2018.

25 13 Sec. 13. 2017 Iowa Acts, chapter 174, section 47, unnumbered  
 25 14 paragraph 2, is amended to read as follows:

25 15 To be credited to the family investment program (FIP)  
 25 16 account and used for family investment program assistance under  
 25 17 chapter 239B:  
 25 18 .....\$ 21,502,240  
 25 19 .....40,365,715

General Fund appropriation to the DHS for the FIP to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is a net decrease of \$2,268,765 compared to estimated

net FY 2018. The changes include:

- A decrease of \$2,278,765 due to declining caseloads in the FIP and PROMISE JOBS programs.
- An increase of \$10,000 for the Parenting Program.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

25 20 Sec. 14. 2017 Iowa Acts, chapter 174, section 47,  
25 21 subsections 1, 2, 4, and 5, are amended to read as follows:

25 22 1. Of the funds appropriated in this section, ~~\$3,973,798~~  
25 23 \$6,727,761 is allocated for the JOBS program.

General Fund allocation of \$6,727,761 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,219,836 compared to the estimated net FY 2018 allocation, due to declining caseloads and the cost per case.

25 24 2. Of the funds appropriated in this section, ~~\$1,656,927~~  
25 25 \$3,313,854 is allocated for the family development and  
25 26 self-sufficiency grant program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

25 27 4. Of the funds appropriated in this section, ~~\$97,839~~  
25 28 \$195,678 shall be used for continuation of a grant to an  
25 29 Iowa-based nonprofit organization with a history of providing  
25 30 tax preparation assistance to low-income Iowans in order to  
25 31 expand the usage of the earned income tax credit. The purpose  
25 32 of the grant is to supply this assistance to underserved areas  
25 33 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance to low-income Iowans.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

25 34 5. Of the funds appropriated in this section, ~~\$30,000~~  
25 35 \$70,000 shall be used for the continuation of ~~an unfunded pilot~~  
26 1 ~~project the parenting program~~, as defined specified in 441 IAC  
26 2 ~~400-4 100~~, relating to parental obligations, in which the child  
26 3 support recovery unit participates, to support the efforts  
26 4 of a nonprofit organization committed to strengthening the  
26 5 community through youth development, healthy living, and social  
26 6 responsibility headquartered in a county with a population  
26 7 over 350,000 according to the latest certified federal  
26 8 census. The funds allocated in this subsection shall be used  
26 9 by the recipient organization to develop a larger community  
26 10 effort, through public and private partnerships, to support a  
26 11 broad-based multi-county ~~fatherhood parenthood~~ initiative that  
26 12 promotes payment of child support obligations, improved family

General Fund allocation of \$70,000 for the Parenting Program (formerly the Fatherhood Initiative Pilot Project).

DETAIL: This is an increase of \$10,000 compared to the estimated net FY 2018 allocation. The Parenting Program at the John R. Grubb YMCA in Des Moines, Iowa, is a program designed to strengthen parental skills and involvement of men who are living apart from their children. The Program offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

26 13 relationships, and full-time employment.

26 14 Sec. 15. 2017 Iowa Acts, chapter 174, section 48, unnumbered  
26 15 paragraph 2, is amended to read as follows:

26 16 For child support recovery, including salaries, support,  
26 17 maintenance, and miscellaneous purposes, and for not more than  
26 18 the following full-time equivalent positions:

26 19	.....	\$	6,293,317
26 20			<u>14,586,635</u>
26 21	..... FTEs		459.00

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is an increase of \$2,000,000 and 42.00 FTE positions compared to estimated net FY 2018. The changes include:

- An increase of \$2,000,000 to replace one-time funding used in FY 2018.
- An increase of 42.00 FTE positions to match the FY 2018 authorized amount.

26 22 Sec. 16. 2017 Iowa Acts, chapter 174, section 48, subsection  
26 23 1, is amended to read as follows:

26 24 1. The department shall expend up to ~~\$12,164~~ \$24,329,  
26 25 including federal financial participation, for the fiscal year  
26 26 beginning July 1, 2018, for a child support public awareness  
26 27 campaign. The department and the office of the attorney  
26 28 general shall cooperate in continuation of the campaign. The  
26 29 public awareness campaign shall emphasize, through a variety  
26 30 of media activities, the importance of maximum involvement of  
26 31 both parents in the lives of their children as well as the  
26 32 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2019 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

26 33 Sec. 17. 2017 Iowa Acts, chapter 174, section 48, subsection  
26 34 4, is amended by striking the subsection.

Eliminates obsolete language related to the Child Support Recovery Unit.

DETAIL: The DHS adopted rules that will take effect July 1, 2018, that replace the language.

26 35 Sec. 18. 2017 Iowa Acts, chapter 174, section 51, unnumbered  
27 1 paragraph 2, is amended to read as follows:

27 2 For medical assistance program reimbursement and associated  
27 3 costs as specifically provided in the reimbursement  
27 4 methodologies in effect on June 30, 2018, except as otherwise  
27 5 expressly authorized by law, consistent with options under  
27 6 federal law and regulations, and contingent upon receipt of  
27 7 approval from the office of the governor of reimbursement for  
27 8 each abortion performed under the program:

27 9	.....	\$	642,202,870
27 10			<u>1,337,841,375</u>

General Fund appropriation to the DHS for the Medicaid Program.

DETAIL: This is a net increase of \$54,848,958 compared to estimated net FY 2018. The changes include:

- An increase of \$54,360,743 to fund the Program at the Medicaid Forecasting Group's March 2018 estimate, which does not include an increase for Medicaid capitation rates.
- An increase of \$3,000,000 to increase tiered rates beginning

27 11 Sec. 19. 2017 Iowa Acts, chapter 174, section 51,  
 27 12 subsections 3, 4, 5, 6, 7, 8, 14, 17, 18, and 19, are amended  
 27 13 to read as follows:

27 14 3. The department shall utilize not more than ~~\$30,000~~  
 27 15 \$60,000 of the funds appropriated in this section to continue  
 27 16 the AIDS/HIV health insurance premium payment program as  
 27 17 established in 1992 Iowa Acts, Second Extraordinary Session,  
 27 18 chapter 1001, section 409, subsection 6. Of the funds  
 27 19 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may  
 27 20 be expended for administrative purposes.

27 21 4. Of the funds appropriated in this Act to the  
 27 22 department of public health for addictive disorders, ~~\$475,000~~  
 27 23 \$950,000 for the fiscal year beginning July 1, 2018, is  
 27 24 transferred to the department of human services for an  
 27 25 integrated substance-related disorder managed care system.  
 27 26 The departments of human services and public health shall  
 27 27 work together to maintain the level of mental health and  
 27 28 substance-related disorder treatment services provided by the  
 27 29 managed care contractors. Each department shall take the steps  
 27 30 necessary to continue the federal waivers as necessary to

July 1, 2018.

- An increase of \$1,545,530 to the provisions related to Medicaid oversight in Division XXV of this Bill.
- An increase of \$1,000,000 for Home Health Low Utilization Payment Adjustment (LUPA) rates.
- An increase of \$876,015 to fund HF 2456 (FY 2019 Mental Health Complex Services Needs Act).
- An increase of \$488,033 to increase the age of eligibility for special population nursing facilities to include young adults up to age 30.
- An increase of \$195,000 to fund a partnership between the University of Iowa Hospitals and Clinics (UIHC) and a nonprofit entity to refurbish durable medical equipment (DME).
- An increase of \$140,314 to restore retroactive eligibility for residents of long-term care facilities.
- A decrease of \$6,756,677 to annualize the elimination of the State match for the Disproportionate Share Hospital (DSH) Program and the Graduate Medical Education (GME) Program for the UIHC and Broadlawns Hospital. This change was implemented for two months of FY 2018 in [SF 2117](#) (FY 2018 Budget Adjustment Act). The UIHC and Broadlawns will be required to provide the State match to draw down federal funds for both Programs.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Requires that \$950,000 of the Addictive Disorders appropriation to the DPH for Substance Abuse Grants be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

27 31 maintain the level of services.

27 32 5. a. The department shall aggressively pursue options for  
 27 33 providing medical assistance or other assistance to individuals  
 27 34 with special needs who become ineligible to continue receiving  
 27 35 services under the early and periodic screening, diagnostic,  
 28 1 and treatment program under the medical assistance program  
 28 2 due to becoming 21 years of age who have been approved for  
 28 3 additional assistance through the department's exception to  
 28 4 policy provisions, but who have health care needs in excess  
 28 5 of the funding available through the exception to policy  
 28 6 provisions.

28 7 b. Of the funds appropriated in this section, ~~\$50,000~~  
 28 8 \$100,000 shall be used for participation in one or more  
 28 9 pilot projects operated by a private provider to allow the  
 28 10 individual or individuals to receive service in the community  
 28 11 in accordance with principles established in Olmstead v.  
 28 12 L.C., 527 U.S.581 (1999), for the purpose of providing  
 28 13 medical assistance or other assistance to individuals with  
 28 14 special needs who become ineligible to continue receiving  
 28 15 services under the early and periodic screening, diagnostic,  
 28 16 and treatment program under the medical assistance program  
 28 17 due to becoming 21 years of age who have been approved for  
 28 18 additional assistance through the department's exception to  
 28 19 policy provisions, but who have health care needs in excess  
 28 20 of the funding available through the exception to the policy  
 28 21 provisions.

28 22 6. Of the funds appropriated in this section, up to  
 28 23 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field  
 28 24 operations or general administration appropriations in this  
 28 25 division of this Act for operational costs associated with Part  
 28 26 D of the federal Medicare Prescription Drug Improvement and  
 28 27 Modernization Act of 2003, Pub.L.No.108-173.

28 28 7. Of the funds appropriated in this section, up to  
 28 29 ~~\$224,050~~ \$442,100 may be transferred to the appropriation in  
 28 30 this division of this Act for medical contracts to be used  
 28 31 for clinical assessment services and prior authorization of  
 28 32 services.

28 33 8. A portion of the funds appropriated in this section  
 28 34 may be transferred to the appropriations in this division of  
 28 35 this Act for general administration, medical contracts, the  
 29 1 children's health insurance program, or field operations to be  
 29 2 used for the state match cost to comply with the payment error

Requires the DHS to aggressively pursue options for assisting special needs individuals who become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program and other reviews and quality control activities. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.



29 3 rate measurement (PERM) program for both the medical assistance  
 29 4 and children's health insurance programs as developed by the  
 29 5 centers for Medicare and Medicaid services of the United States  
 29 6 department of health and human services to comply with the  
 29 7 federal Improper Payments Information Act of 2002, Pub.L.  
 29 8 No.107-300, and to support other reviews and quality control  
 29 9 activities to improve the integrity of these programs.

DETAIL: The PERM Program measures improper payments in Medicaid and the Children's Health Insurance Program (CHIP), and produces error rates for each program. Error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory, or administrative requirements.

29 10 14. Of the funds appropriated in this section, ~~\$174,505~~  
 29 11 \$349,011 shall be used for the administration of the health  
 29 12 insurance premium payment program, including salaries, support,  
 29 13 maintenance, and miscellaneous purposes.

Allocates \$349,011 to the Health Insurance Premium Payment Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 14 17. a. Of the funds appropriated in this section, up  
 29 15 to ~~\$25,000~~ \$50,000 may be transferred by the department to  
 29 16 the appropriation made in this division of this Act to the  
 29 17 department for the same fiscal year for general administration  
 29 18 to be used for associated administrative expenses and for not  
 29 19 more than one full-time equivalent position, in addition to  
 29 20 those authorized for the same fiscal year, to be assigned to  
 29 21 implementing the children's mental health home project.

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of children's mental health homes.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 22 b. Of the funds appropriated in this section, up to  
 29 23 ~~\$200,000~~ \$400,000 may be transferred by the department to  
 29 24 the appropriation made to the department in this division of  
 29 25 this Act for the same fiscal year for Medicaid program-related  
 29 26 general administration planning and implementation activities.  
 29 27 The funds may be used for contracts or for personnel in  
 29 28 addition to the amounts appropriated for and the positions  
 29 29 authorized for general administration for the fiscal year.

Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement the MHDS Redesign and the Balancing Incentive Payment Program (BIPP).

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

29 30 c. Of the funds appropriated in this section, up to  
 29 31 ~~\$1,500,000~~ \$3,000,000 may be transferred by the department  
 29 32 to the appropriations made in this division of this Act  
 29 33 for the same fiscal year for general administration or  
 29 34 medical contracts to be used to support the development  
 29 35 and implementation of standardized assessment tools for  
 30 1 persons with mental illness, an intellectual disability, a  
 30 2 developmental disability, or a brain injury.

Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, developmental disabilities, or brain injuries.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

30 3 18. Of the funds appropriated in this section, ~~\$75,000~~  
 30 4 \$150,000 shall be used for lodging expenses associated with  
 30 5 care provided at the university of Iowa hospitals and clinics  
 30 6 for patients with cancer whose travel distance is 30 miles or

Allocates \$150,000 to the UIHC to be used for lodging expenses for cancer patients with income below 200.00% of the federal poverty level who travel 30 miles or more to receive treatment.

30 7 more and whose income is at or below 200 percent of the federal  
 30 8 poverty level as defined by the most recently revised poverty  
 30 9 income guidelines published by the United States department of  
 30 10 health and human services. The department of human services  
 30 11 shall establish the maximum number of overnight stays and the  
 30 12 maximum rate reimbursed for overnight lodging, which may be  
 30 13 based on the state employee rate established by the department  
 30 14 of administrative services. The funds allocated in this  
 30 15 subsection shall not be used as nonfederal share matching  
 30 16 funds.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

30 17 19. Of the funds appropriated in this section, up to  
 30 18 ~~\$1,691,940~~ \$3,383,880 shall be used for administration of the  
 30 19 state family planning services program as enacted in this 2017  
 30 20 Act, and of this amount the department may use ~~to up to \$100,000~~  
 30 21 up to \$200,000 for administrative expenses.

Allocates \$3,383,880 to administer the State Family Planning Services Program. Permits up to \$200,000 to be used for administrative expenses.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

30 22 Sec. 20. 2017 Iowa Acts, chapter 174, section 51, is amended  
 30 23 by adding the following new subsections:

30 24 NEW SUBSECTION 22. Of the funds appropriated in this  
 30 25 section, \$195,000 shall be used by the department of human  
 30 26 services through a request for proposals process to establish  
 30 27 a partnership between the university of Iowa hospitals  
 30 28 and clinics and a durable medical equipment provider and  
 30 29 manufacturer to provide new, refurbished, or repaired durable  
 30 30 medical equipment to Medicaid members in the state. Such  
 30 31 durable medical equipment provider and manufacturer shall be  
 30 32 authorized as a Medicaid provider in the state on or after  
 30 33 April 1, 2018, and shall have the capability to provide  
 30 34 assessments for customized wheelchairs, manufacture bathing aid  
 30 35 equipment and mobility bathing aids, offer in-home care, and  
 31 1 sell durable medical equipment at cost in Iowa and online.

Allocates \$195,000 to the DHS to issue an RFP to establish a partnership between the UIHC and an authorized Medicaid Durable Medical Equipment (DME) provider to provide new, refurbished, or repaired DME.

DETAIL: This is a new allocation for FY 2019.

31 2 NEW SUBSECTION 23. The department of human services shall  
 31 3 expand Medicaid coverage to provide care for young adults with  
 31 4 complex medical conditions in a special population nursing  
 31 5 facility as specified by rule of the department pursuant to  
 31 6 this subsection. The department shall adopt rules pursuant to  
 31 7 chapter 17A to expand the criteria for a special population  
 31 8 nursing facility under the Medicaid program to include a  
 31 9 nursing facility that serves residents, 100 percent of whom are  
 31 10 aged 30 and under and require the skilled level of care, and to  
 31 11 include a nursing facility that serves residents, 100 percent  
 31 12 of whom require care from a facility licensed by the department  
 31 13 of inspections and appeals as an intermediate care facility

Increases the eligible age for admittance to special population nursing facilities for young adults with complex medical conditions up to age 30.

**FISCAL IMPACT:** This change is estimated to cost the Medicaid Program \$488,000 in FY 2019.

31 14 for persons with medical complexity as defined by rule of the  
31 15 department.

31 16 NEW SUBSECTION 24. Consistent with the informational  
31 17 bulletin published May 9, 2017, by the centers for Medicare and  
31 18 Medicaid services of the United States department of health and  
31 19 human services, in implementing the regulation that finalized  
31 20 criteria for home and community-based settings appropriate for  
31 21 provision of home and community-based services, the department  
31 22 of human services shall continue progress with the statewide  
31 23 transition plan to be approved by March 17, 2019, but shall  
31 24 extend the transition period to demonstrate compliance with  
31 25 the home and community-based settings criteria until March 17,  
31 26 2022, for those settings to which a transition period applies.

Requires the DHS to delay implementation of federal guidelines related to home and community-based setting criteria until March 17, 2022, to match the delay in the changes to federal law.

31 27 NEW SUBSECTION 25. The department of human services shall  
31 28 utilize \$3,000,000 of the funds appropriated under this section  
31 29 to adjust current supported community living provider daily  
31 30 rate cells under the tiered rate reimbursement methodology  
31 31 effective with dates of service beginning July 1, 2018. The  
31 32 department shall work with the Medicaid program actuary to  
31 33 evaluate the current tiered rates and the tiered rates phase-in  
31 34 plan to determine the necessary apportionment of such funds.  
31 35 In addition, the department, working with the Medicaid program  
32 1 actuary, shall review the current tiered rates and the tiered  
32 2 rates phase-in plan and shall propose recommendations for any  
32 3 changes. The department shall convene the tiered rate provider  
32 4 workgroup initially convened in the fiscal year beginning July  
32 5 1, 2016, to review the actuarial findings and recommendations.  
32 6 The tiered rates may be adjusted based upon the actuarial  
32 7 findings and recommendations if such adjustments are budget  
32 8 neutral. A report of the actuarial findings, recommendations,  
32 9 and comments provided by the tiered rate provider workgroup  
32 10 shall be submitted to the governor and the general assembly by  
32 11 December 15, 2018. If additional funding is appropriated to  
32 12 implement the recommendations, the additional funding shall be  
32 13 incorporated into the managed care organization capitation rate  
32 14 setting process for the fiscal year beginning July 1, 2019.

Allocates \$3,000,000 to provide additional funding beginning July 1, 2018, for tiered rate reimbursement.

DETAIL: This is a new allocation for FY 2019. The DHS is required to work with an actuary to evaluate the tiered rates to appropriately distribute the funds provided for supported community living tiered rates. In addition, the DHS is required to convene a Tiered Rate Workgroup to review actuarial findings and recommendations. The tiered rates may be adjusted if the changes are budget neutral. The DHS is required to submit a report of the actuarial findings, recommendations, and comments provided by the Tiered Rate Workgroup to the Governor and General Assembly by December 15, 2018. Additionally, the subsection specifies that if additional funding is provided, it should be incorporated into the FY 2020 MCO capitation rates.

32 15 NEW SUBSECTION 26. The department of human services shall  
32 16 review all current Medicaid fee schedules and shall submit a  
32 17 report to the governor and the general assembly by January 15,  
32 18 2019, regarding how the current rates compare to the equivalent  
32 19 Medicare fee schedules or other appropriate reimbursement  
32 20 methodologies for specific services and including a plan for  
32 21 phased-in implementation of any changes.

Requires the DHS to review all current Medicaid fee schedules regarding how the current rates compare to the equivalent Medicare fee schedules and other appropriate reimbursement methodologies and submit a report to the Governor and General Assembly by January 15, 2019.

32 22 NEW SUBSECTION 27. Of the funds appropriated in this

Allocates \$1,545,530 to implement Division XXV related to Medicaid

32 23 section, \$1,545,530 shall be used and may be transferred to  
 32 24 other appropriations in this division of this Act as necessary  
 32 25 to administer the provisions in the division of this Act  
 32 26 relating to Medicaid program administration.

Oversight.

DETAIL: This is a new allocation for FY 2019. The DHS is allowed to transfer funds to other appropriations as necessary to implement the Division.

32 27 NEW SUBSECTION 28. Of the funds appropriated in this  
 32 28 section, \$876,015 shall be used and may be transferred to other  
 32 29 appropriations in this division of this Act as necessary to  
 32 30 administer the provisions of 2018 Iowa Acts, House File 2456,  
 32 31 as enacted.

Allocates \$876,015 to implement [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act).

DETAIL: This is a new allocation for FY 2019. The DHS is allowed to transfer funds to other appropriations as necessary to implement the Act.

32 32 Sec. 21. 2017 Iowa Acts, chapter 174, section 52, is amended  
 32 33 to read as follows:

General Fund appropriation to Medical Contracts.

32 34 SEC. 52. MEDICAL CONTRACTS. There is appropriated from the  
 32 35 general fund of the state to the department of human services  
 33 1 for the fiscal year beginning July 1, 2018, and ending June 30,  
 33 2 2019, the following amount, or so much thereof as is necessary,  
 33 3 to be used for the purpose designated:

DETAIL: This is a net decrease of \$709,009 compared to estimated net FY 2018. The changes include:

33 4 For medical contracts:  
 33 5 .....\$ 8,813,232  
 33 6 .....16,603,198

- A decrease of \$202,000 to reflect the Governor's FY 2018 veto of funding for a Drake University Autism Program.
- A decrease of \$646,266 due to additional funding from the Pharmaceutical Settlement Account.
- A decrease of \$175,000 due to surplus funds.
- An increase of \$314,257 to backfill the FY 2018 deappropriation.

33 7 1. The department of inspections and appeals shall  
 33 8 provide all state matching funds for survey and certification  
 33 9 activities performed by the department of inspections  
 33 10 and appeals. The department of human services is solely  
 33 11 responsible for distributing the federal matching funds for  
 33 12 such activities.

Requires the Department of Inspections and Appeals (DIA) to provide the State matching funds for survey and certification activities.

33 13 2. Of the funds appropriated in this section, ~~\$25,000~~  
 33 14 \$50,000 shall be used for continuation of home and  
 33 15 community-based services waiver quality assurance programs,  
 33 16 including the review and streamlining of processes and policies  
 33 17 related to oversight and quality management to meet state and  
 33 18 federal requirements.

Allocates \$50,000 for the HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Program reviews policies related to oversight and quality management to meet State and federal requirements.

33 19 3. Of the amount appropriated in this section, up to  
 33 20 ~~\$100,000~~ \$200,000 may be transferred to the appropriation  
 33 21 for general administration in this division of this Act to  
 33 22 be used for additional full-time equivalent positions in the

Permits up to \$200,000 to be transferred to the DHS General Administration appropriation to hire additional FTE positions to implement cost containment and managed care oversight initiatives.

33 23 development of key health initiatives such as cost containment,  
 33 24 development and oversight of managed care programs, and  
 33 25 development of health strategies targeted toward improved  
 33 26 quality and reduced costs in the Medicaid program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

33 27 4. Of the funds appropriated in this section, ~~\$500,000~~  
 33 28 ~~\$1,000,000~~ shall be used for planning and development,  
 33 29 in cooperation with the department of public health, of a  
 33 30 phased-in program to provide a dental home for children.

Allocates \$1,000,000 to the I-Smile Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The I-Smile Dental Home Initiative is a program that helps Iowa's children connect with dental services.

33 31 5. Of the funds appropriated in this section, ~~\$475,000~~  
 33 32 ~~\$573,000~~ shall be credited to the autism support program fund  
 33 33 created in section 225D.2 to be used for the autism support  
 33 34 program created in chapter 225D, with the exception of the  
 33 35 following amounts of this allocation which shall be used as  
 34 1 follows:

Allocates \$573,000 to the Autism Support Program.

DETAIL: This is a decrease of \$452,000 compared to the estimated net FY 2018 allocation. This Program was created in FY 2014, and the funds are to be used to provide applied behavioral analysis and other treatment for children who do not qualify for Medicaid or autism coverage under private insurance.

34 2 ~~a. Of the funds allocated in this subsection, \$125,000~~  
 34 3 ~~shall be deposited in the board-certified behavior analyst and~~  
 34 4 ~~board-certified assistant behavior analyst grants program fund~~  
 34 5 ~~created in section 135.181, to be used for the purposes of the~~  
 34 6 ~~fund.~~

Eliminates the allocation for board-certified behavioral analyst and board-certified assistant behavioral analyst grants.

DETAIL: This allocation has not been funded since FY 2017.

34 7 b. Of the funds allocated in this subsection, ~~\$12,500~~  
 34 8 ~~\$25,000~~ shall be used for the public purpose of continuation  
 34 9 of a grant to a nonprofit provider of child welfare services  
 34 10 provider headquartered that has been in existence for more than  
 34 11 115 years, is located in a county with a population between  
 34 12 ~~205,000 200,000~~ and ~~245,000 in 220,000~~ according to the latest  
 34 13 certified federal census ~~that provides multiple services~~  
 34 14 ~~including but not limited to, is licensed as~~ a psychiatric  
 34 15 medical institution for children, ~~shelter, residential~~  
 34 16 ~~treatment, after school programs, and provides~~ school-based  
 34 17 programming, ~~and an Asperger's syndrome program,~~ to be used for  
 34 18 support services for children with autism spectrum disorder and  
 34 19 their families.

Allocates \$25,000 from the \$573,000 Autism Support Program allocation to Tanager Place for various autism spectrum disorder services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The Program was previously located at Four Oaks in Cedar Rapids.

34 20 ~~c. Of the funds allocated in this subsection, \$12,500~~  
 34 21 ~~shall be used for the public purpose of continuing a grant to~~  
 34 22 ~~a hospital-based provider headquartered in a county with a~~  
 34 23 ~~population between 90,000 and 95,000 in the latest certified~~  
 34 24 ~~federal census that provides multiple services including~~  
 34 25 ~~but not limited to diagnostic, therapeutic, and behavioral~~  
 34 26 ~~services to individuals with autism spectrum disorder across~~  
 34 27 ~~one's lifespan. The grant recipient shall utilize the funds~~

Eliminates the allocation for a grant for a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: The hospital previously offering these services discontinued the project.

34 28 ~~to continue the pilot project to determine the necessary~~  
 34 29 ~~support services for children with autism spectrum disorder and~~  
 34 30 ~~their families to be included in the children's disabilities~~  
 34 31 ~~services system. The grant recipient shall submit findings and~~  
 34 32 ~~recommendations based upon the results of the pilot project~~  
 34 33 ~~to the individuals specified in this division of this Act for~~  
 34 34 ~~submission of reports by December 31, 2018.~~

34 35 Sec. 22. 2017 Iowa Acts, chapter 174, section 53, unnumbered  
 35 1 paragraph 2, is amended to read as follows:

35 2 For the state supplementary assistance program:  
 35 3 .....\$ 5,186,329  
 35 4 .....10,250,873

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is an increase of \$378,215 compared to estimated net FY 2018 to partially backfill the FY 2018 deappropriation.

35 5 Sec. 23. 2017 Iowa Acts, chapter 174, section 53, is amended  
 35 6 by adding the following new subsection:

35 7 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys  
 35 8 appropriated in this section that remain unencumbered or  
 35 9 unobligated at the close of the fiscal year shall not revert  
 35 10 but shall remain available for expenditure for the purposes  
 35 11 designated until the close of the succeeding fiscal year.

CODE: Allows the DHS to carry forward State Supplementary Assistance funds to be used for the Program in FY 2020.

35 12 Sec. 24. 2017 Iowa Acts, chapter 174, section 54, is amended  
 35 13 to read as follows:

35 14 SEC. 54. CHILDREN'S HEALTH INSURANCE PROGRAM.  
 35 15 1. There is appropriated from the general fund of the  
 35 16 state to the department of human services for the fiscal year  
 35 17 beginning July 1, 2018, and ending June 30, 2019, the following  
 35 18 amount, or so much thereof as is necessary, to be used for the  
 35 19 purpose designated:  
 35 20 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 35 21 program pursuant to chapter 514I, including supplemental dental  
 35 22 services, for receipt of federal financial participation under  
 35 23 Tit.XXI of the federal Social Security Act, which creates the  
 35 24 children's health insurance program:  
 35 25 .....\$ 4,259,226  
 35 26 .....7,064,057

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the Healthy and Well Kids in Iowa ( *hawk-i*) Program.

DETAIL: This is a net decrease of \$1,354,395 compared to estimated net FY 2018. The changes include:

- An increase of \$41,286 to reflect the current *hawk-i* Program forecasted need.
- A decrease of \$1,395,681 due to an adjustment to the Federal Medical Assistance Percentage (FMAP) rate.

35 27 2. Of the funds appropriated in this section, ~~\$21,400~~  
 35 28 ~~\$42,800~~ is allocated for continuation of the contract for  
 35 29 outreach with the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

35 30 Sec. 25. 2017 Iowa Acts, chapter 174, section 55, unnumbered  
35 31 paragraph 2, is amended to read as follows:

35 32 For child care programs:

35 33 .....\$ ~~49,671,808~~  
35 34 40,816,931

General Fund appropriation to the DHS for Child Care Assistance (CCA).

DETAIL: This is a net increase of \$1,473,315 compared to estimated net FY 2018. The changes include:

- An increase of \$14,476,959 to reflect the current CCA Program forecasted need.
- A decrease of \$16,703,644 to use additional Child Care Development Fund dollars.
- An increase of \$700,000 to use more General Fund dollars instead of TANF funds to cover the Program.
- An increase of \$3,000,000 to increase certain provider rates specified in the Bill.

35 35 Sec. 26. 2017 Iowa Acts, chapter 174, section 55,  
36 1 subsections 1 and 4, are amended to read as follows:

36 2 1. Of the funds appropriated in this section, ~~\$16,746,808~~  
36 3 \$34,966,931 shall be used for state child care assistance in  
36 4 accordance with section 237A.13.

Allocates \$34,966,931 to the State CCA Program.

DETAIL: This is an increase of \$1,473,315 compared to the estimated net FY 2018 allocation.

36 5 4. Of the funds appropriated in this section, ~~\$2,925,000~~  
36 6 \$5,850,000 shall be credited to the early childhood programs  
36 7 grants account in the early childhood Iowa fund created  
36 8 in section 256I.11. The moneys shall be distributed for  
36 9 funding of community-based early childhood programs targeted  
36 10 to children from birth through five years of age developed  
36 11 by early childhood Iowa areas in accordance with approved  
36 12 community plans as provided in section 256I.8.

Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

36 13 Sec. 27. 2017 Iowa Acts, chapter 174, section 56, is amended  
36 14 to read as follows:

36 15 SEC. 56. JUVENILE INSTITUTION. There is appropriated  
36 16 from the general fund of the state to the department of human  
36 17 services for the fiscal year beginning July 1, 2018, and ending  
36 18 June 30, 2019, the following amounts, or so much thereof as is  
36 19 necessary, to be used for the purposes designated:

36 20 1. For operation of the state training school at Eldora and  
36 21 for salaries, support, maintenance, and miscellaneous purposes,  
36 22 and for not more than the following full-time equivalent  
36 23 positions:

36 24 .....\$ ~~5,675,224~~  
36 25 12,762,443

General Fund appropriation to the State Training School at Eldora.

DETAIL: This is an increase of \$1,412,000 and 14.70 FTE positions compared to estimated net FY 2018. The changes include:

- An increase of \$212,000 for a Substance Use Disorder Program.
- An increase of \$1,200,000 to meet staffing level needs of the federal Prison Rape Elimination Act (PREA).
- An increase of 14.70 FTE positions to match the authorized amount in FY 2018.

36 26 ..... FTEs 189.00

36 27 Of the funds appropriated in this subsection, ~~\$45,575~~  
 36 28 \$91,150 shall be used for distribution to licensed classroom  
 36 29 teachers at this and other institutions under the control of  
 36 30 the department of human services based upon the average student  
 36 31 yearly enrollment at each institution as determined by the  
 36 32 department.

Allocates \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

36 33 2. A portion of the moneys appropriated in this section  
 36 34 shall be used by the state training school at Eldora for  
 36 35 grants for adolescent pregnancy prevention activities at the  
 37 1 institution in the fiscal year beginning July 1, 2018.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2019.

37 2 3. Of the funds appropriated in this subsection, \$212,000  
 37 3 shall be used by the state training school at Eldora for a  
 37 4 substance use disorder treatment program at the institution in  
 37 5 the fiscal year beginning July 1, 2018.

Allocates \$212,000 to be used for a substance use disorder treatment program beginning in FY 2019.

DETAIL: This is a new allocation.

37 6 Sec. 28. 2017 Iowa Acts, chapter 174, section 57, is amended  
 37 7 to read as follows:

37 8 SEC. 57. CHILD AND FAMILY SERVICES.

General Fund appropriation for Child and Family Services.

37 9 1. There is appropriated from the general fund of the  
 37 10 state to the department of human services for the fiscal year  
 37 11 beginning July 1, 2018, and ending June 30, 2019, the following  
 37 12 amount, or so much thereof as is necessary, to be used for the  
 37 13 purpose designated:

DETAIL: This is a net increase of \$526,164 compared to estimated net FY 2018. Changes include:

37 14 For child and family services:

37 15 ..... \$ ~~43,639,687~~  
 37 16 ..... 84,939,774

- An increase of \$1,467,303 to adjust for an internal transfer within the Department.
- A decrease of \$254,601 due to the FMAP rate adjustment.
- A decrease of \$600,000 to be replaced with federal Social Services Block Grant funds.
- A decrease of \$1,200,000 to reduce the number of guaranteed group care beds.
- A decrease of \$285,000 for the Community Circle of Care Grant in northeast Iowa.
- An increase of \$1,398,462 to backfill the FY 2018 deappropriation.

37 17 2. The department may transfer funds appropriated in this  
 37 18 section as necessary to pay the nonfederal costs of services  
 37 19 reimbursed under the medical assistance program, state child  
 37 20 care assistance program, or the family investment program which  
 37 21 are provided to children who would otherwise receive services  
 37 22 paid under the appropriation in this section. The department  
 37 23 may transfer funds appropriated in this section to the  
 37 24 appropriations made in this division of this Act for general

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services under these appropriations.



37 25 administration and for field operations for resources necessary  
37 26 to implement and operate the services funded in this section.

Allocates up to \$34,536,648 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This is a decrease of \$1,200,001 compared to the estimated net FY 2018 allocation.

37 27 3. a. Of the funds appropriated in this section, up  
37 28 to ~~\$17,868,324~~ \$34,536,648 is allocated as the statewide  
37 29 expenditure target under section 232.143 for group foster care  
37 30 maintenance and services. If the department projects that such  
37 31 expenditures for the fiscal year will be less than the target  
37 32 amount allocated in this paragraph "a", the department may  
37 33 reallocate the excess to provide additional funding for shelter  
37 34 care or the child welfare emergency services addressed with the  
37 35 allocation for shelter care.

Requires a service area's group foster care expenditure target to be reviewed if the service area is at risk of exceeding its group foster care spending target by more than 5.00%, and requires review hearings when appropriate, but not until after September 30, 2018.

38 1 b. If at any time after September 30, 2018, annualization  
38 2 of a service area's current expenditures indicates a service  
38 3 area is at risk of exceeding its group foster care expenditure  
38 4 target under section 232.143 by more than 5 percent, the  
38 5 department and juvenile court services shall examine all  
38 6 group foster care placements in that service area in order to  
38 7 identify those which might be appropriate for termination.  
38 8 In addition, any aftercare services believed to be needed  
38 9 for the children whose placements may be terminated shall be  
38 10 identified. The department and juvenile court services shall  
38 11 initiate action to set dispositional review hearings for the  
38 12 placements identified. In such a dispositional review hearing,  
38 13 the juvenile court shall determine whether needed aftercare  
38 14 services are available and whether termination of the placement  
38 15 is in the best interest of the child and the community.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

38 16 4. In accordance with the provisions of section 232.188,  
38 17 the department shall continue the child welfare and juvenile  
38 18 justice funding initiative during fiscal year 2018-2019. Of  
38 19 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753  
38 20 is allocated specifically for expenditure for fiscal year  
38 21 2018-2019 through the decategorization services funding pools  
38 22 and governance boards established pursuant to section 232.188.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

38 23 5. A portion of the funds appropriated in this section  
38 24 may be used for emergency family assistance to provide other  
38 25 resources required for a family participating in a family  
38 26 preservation or reunification project or successor project to  
38 27 stay together or to be reunified.

CODE: Limits State funding for shelter care to \$8,096,158.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

38 28 6. Notwithstanding section 234.35 or any other provision  
38 29 of law to the contrary, state funding for shelter care and  
38 30 the child welfare emergency services contracting implemented  
38 31 to provide for or prevent the need for shelter care shall be  
38 32 limited to ~~\$4,048,079~~ \$8,096,158.

38 33 7. Federal funds received by the state during the fiscal  
 38 34 year beginning July 1, 2018, as the result of the expenditure  
 38 35 of state funds appropriated during a previous state fiscal  
 39 1 year for a service or activity funded under this section are  
 39 2 appropriated to the department to be used as additional funding  
 39 3 for services and purposes provided for under this section.  
 39 4 Notwithstanding section 8.33, moneys received in accordance  
 39 5 with this subsection that remain unencumbered or unobligated at  
 39 6 the close of the fiscal year shall not revert to any fund but  
 39 7 shall remain available for the purposes designated until the  
 39 8 close of the succeeding fiscal year.

CODE: Requires federal funds received in FY 2019 as a result of the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2020.

39 9 8. a. Of the funds appropriated in this section, up to  
 39 10 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the  
 39 11 expenses of court-ordered services provided to juveniles  
 39 12 who are under the supervision of juvenile court services,  
 39 13 which expenses are a charge upon the state pursuant to  
 39 14 section 232.141, subsection 4. Of the amount allocated in  
 39 15 this paragraph "a", up to ~~\$778,143~~ \$1,556,287 shall be made  
 39 16 available to provide school-based supervision of children  
 39 17 adjudicated under chapter 232, of which not more than ~~\$7,500~~  
 39 18 \$15,000 may be used for the purpose of training. A portion of  
 39 19 the cost of each school-based liaison officer shall be paid by  
 39 20 the school district or other funding source as approved by the  
 39 21 chief juvenile court officer.  
 39 22 b. Of the funds appropriated in this section, up to ~~\$374,492~~  
 39 23 \$748,985 is allocated for the payment of the expenses of  
 39 24 court-ordered services provided to children who are under the  
 39 25 supervision of the department, which expenses are a charge upon  
 39 26 the state pursuant to section 232.141, subsection 4.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,287 is allocated to school-based supervision of delinquent children, of which \$15,000 may be used for training. A portion of the cost for school-based liaisons is required to be paid by school districts.
- Allocates \$748,985 to court-ordered services provided to children who are under the supervision of the DHS.

DETAIL: This is no change compared to the estimated net FY 2018 allocations.

39 27 c. Notwithstanding section 232.141 or any other provision  
 39 28 of law to the contrary, the amounts allocated in this  
 39 29 subsection shall be distributed to the judicial districts  
 39 30 as determined by the state court administrator and to the  
 39 31 department's service areas as determined by the administrator  
 39 32 of the department of human services' division of child and  
 39 33 family services. The state court administrator and the  
 39 34 division administrator shall make the determination of the  
 39 35 distribution amounts on or before June 15, 2018.

CODE: Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2018.

40 1 d. Notwithstanding chapter 232 or any other provision of  
 40 2 law to the contrary, a district or juvenile court shall not  
 40 3 order any service which is a charge upon the state pursuant  
 40 4 to section 232.141 if there are insufficient court-ordered  
 40 5 services funds available in the district court or departmental  
 40 6 service area distribution amounts to pay for the service. The  
 40 7 chief juvenile court officer and the departmental service area

CODE: Prohibits a district or juvenile court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year, and permits funds to be transferred between districts.

40 8 manager shall encourage use of the funds allocated in this  
 40 9 subsection such that there are sufficient funds to pay for  
 40 10 all court-related services during the entire year. The chief  
 40 11 juvenile court officers and departmental service area managers  
 40 12 shall attempt to anticipate potential surpluses and shortfalls  
 40 13 in the distribution amounts and shall cooperatively request the  
 40 14 state court administrator or division administrator to transfer  
 40 15 funds between the judicial districts' or departmental service  
 40 16 areas' distribution amounts as prudent.

40 17 e. Notwithstanding any provision of law to the contrary,  
 40 18 a district or juvenile court shall not order a county to pay  
 40 19 for any service provided to a juvenile pursuant to an order  
 40 20 entered under chapter 232 which is a charge upon the state  
 40 21 under section 232.141, subsection 4.

40 22 f. Of the funds allocated in this subsection, not more  
 40 23 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for  
 40 24 administration of the requirements under this subsection.

CODE: Prohibits a district or juvenile court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.

Prohibits expenditure by the Judicial Branch of more than \$83,000 of the funds appropriated in this Section for administration related to court-ordered services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

40 25 g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000  
 40 26 shall be used by the department of human services to support  
 40 27 the interstate commission for juveniles in accordance with  
 40 28 the interstate compact for juveniles as provided in section  
 40 29 232.173.

Requires that \$17,000 of the funds allocated to the DHS be used to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

40 30 9. Of the funds appropriated in this section, ~~\$6,126,613~~  
 40 31 \$12,253,227 is allocated for juvenile delinquent graduated  
 40 32 sanctions services. Any state funds saved as a result of  
 40 33 efforts by juvenile court services to earn a federal Tit.IV-E  
 40 34 match for juvenile court services administration may be used  
 40 35 for the juvenile delinquent graduated sanctions services.

Allocates \$12,253,227 to juvenile delinquent graduated sanctions services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.

41 1 10. Of the funds appropriated in this section, ~~\$829,142~~  
 41 2 \$1,658,285 is transferred to the department of public health  
 41 3 to be used for the child protection center grant program for  
 41 4 child protection centers located in Iowa in accordance with  
 41 5 section 135.118. The grant amounts under the program shall be  
 41 6 equalized so that each center receives a uniform base amount  
 41 7 of ~~\$122,500~~ \$245,000, so that ~~\$25,000~~ \$50,000 is awarded to

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program. Each CPC will receive \$245,000 and \$50,000 is awarded to a satellite CPC in Mason City.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

41 8 establish a satellite child protection center in a city in  
 41 9 north central Iowa that is the county seat of a county with  
 41 10 a population between 44,000 and 45,000 according to the 2010  
 41 11 federal decennial census, and so that the remaining funds are  
 41 12 awarded through a funding formula based upon the volume of  
 41 13 children served.

41 14 11. If the department receives federal approval to  
 41 15 implement a waiver under Tit.IV-E of the federal Social  
 41 16 Security Act to enable providers to serve children who remain  
 41 17 in the children's families and communities, for purposes of  
 41 18 eligibility under the medical assistance program through 25  
 41 19 years of age, children who participate in the waiver shall be  
 41 20 considered to be placed in foster care.

Requires children who receive in-home or community-based services under a federal Title IV-E waiver to be considered in foster care for purposes of remaining eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

41 21 12. Of the funds appropriated in this section, ~~\$2,042,583~~  
 41 22 \$4,025,167 is allocated for the preparation for adult living  
 41 23 program pursuant to section 234.46.

Allocates \$4,025,167 to the Preparation for Adult Living (PAL) Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

41 24 13. Of the funds appropriated in this section, ~~\$143,668~~  
 41 25 \$227,337 shall be used for the public purpose of continuing  
 41 26 a grant to a nonprofit human services organization providing  
 41 27 services to individuals and families in multiple locations in  
 41 28 southwest Iowa and Nebraska for support of a project providing  
 41 29 immediate, sensitive support and forensic interviews, medical  
 41 30 exams, needs assessments, and referrals for victims of child  
 41 31 abuse and their nonoffending family members.

Allocates \$227,337 to Project Harmony for support of victims of child abuse and their nonoffending family members.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

41 32 14. Of the funds appropriated in this section, ~~\$150,340~~  
 41 33 \$300,620 is allocated for the foster care youth council  
 41 34 approach of providing a support network to children placed in  
 41 35 foster care.

Allocates \$300,620 to provide support for foster care youth councils.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

42 1 15. Of the funds appropriated in this section, ~~\$101,000~~  
 42 2 \$202,000 is allocated for use pursuant to section 235A.1 for  
 42 3 continuation of the initiative to address child sexual abuse  
 42 4 implemented pursuant to 2007 Iowa Acts, chapter 218, section  
 42 5 18, subsection 21.

Allocates \$202,000 to an initiative to address child sexual abuse.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

42 6 16. Of the funds appropriated in this section, ~~\$345,120~~  
 42 7 \$630,240 is allocated for the community partnership for child  
 42 8 protection sites.

Allocates \$630,240 to the Child Welfare Community Partnerships for Child Protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. Community Partnerships work to prevent child abuse and

neglect, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.

Allocates \$371,250 to minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates \$851,595 to the Community Circle of Care Grant in northeast Iowa.

DETAIL: This is a general decrease of \$285,000 compared to the estimated net FY 2018 allocation. The Community Circle of Care Program is a regional System of Care Program that coordinates community-based services and support to address the needs of children and youth with severe behavioral or mental health conditions.

Allocates \$147,158 to the Online Child Welfare Provider Training Academy.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates \$211,872 to the continuation of a System of Care program in Polk County.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates \$235,000 to the continuation and expansion of a System of Care program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

Allocates at least \$25,000 to the Foster Care Respite Pilot Program at Wartburg College, for students in social work and other human services-related programs, to allow for Program expansion to additional counties.

DETAIL: This is no change compared to the estimated net FY 2018

42 9 17. Of the funds appropriated in this section, ~~\$185,625~~  
42 10 \$371,250 is allocated for the department's minority youth and  
42 11 family projects under the redesign of the child welfare system.

42 12 18. Of the funds appropriated in this section, ~~\$568,297~~  
42 13 \$851,595 is allocated for funding of the community circle of  
42 14 care collaboration for children and youth in northeast Iowa.

42 15 19. Of the funds appropriated in this section, at least  
42 16 ~~\$73,579~~ \$147,158 shall be used for the continuation of the  
42 17 child welfare provider training academy, a collaboration  
42 18 between the coalition for family and children's services in  
42 19 Iowa and the department.

42 20 20. Of the funds appropriated in this section, ~~\$105,936~~  
42 21 \$211,872 shall be used for continuation of the central Iowa  
42 22 system of care program grant through June 30, 2019.

42 23 21. Of the funds appropriated in this section, ~~\$117,500~~  
42 24 \$235,000 shall be used for the public purpose of the  
42 25 continuation and expansion of a system of care program grant  
42 26 implemented in Cerro Gordo and Linn counties to utilize a  
42 27 comprehensive and long-term approach for helping children  
42 28 and families by addressing the key areas in a child's life  
42 29 of childhood basic needs, education and work, family, and  
42 30 community.

42 31 22. Of the funds appropriated in this section, at least  
42 32 ~~\$12,500~~ \$25,000 shall be used to continue and to expand the  
42 33 foster care respite pilot program in which postsecondary  
42 34 students in social work and other human services-related  
42 35 programs receive experience by assisting family foster care  
43 1 providers with respite and other support.

allocation.

Allocates \$110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

23. Of the funds appropriated in this section, ~~\$55,000~~  
~~\$110,000~~ shall be used for the public purpose of funding  
community-based services and other supports with a system of  
care approach for children with a serious emotional disturbance  
and their families through a nonprofit provider of child  
welfare services that has been in existence for more than  
115 years, is located in a county with a population of more  
than 200,000 but less than 220,000 according to the latest  
certified federal census, is licensed as a psychiatric medical  
institution for children, and was a system of care grantee  
prior to July 1, 2018.

Sec. 29. 2017 Iowa Acts, chapter 174, section 58, subsection  
1, paragraph a, is amended to read as follows:

a. For adoption subsidy payments and services:  
.....\$ ~~20,388,955~~  
40,445,137

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is a decrease of \$332,773 compared to estimated net FY 2018. The decrease covers changes in the Iowa FMAP rate and Title IV-E eligibility, but allows funding to also remain in the Program to account for eligibility savings.

Sec. 30. 2017 Iowa Acts, chapter 174, section 60, is amended  
to read as follows:

SEC. 60. FAMILY SUPPORT SUBSIDY PROGRAM.  
1. There is appropriated from the general fund of the  
state to the department of human services for the fiscal year  
beginning July 1, 2018, and ending June 30, 2019, the following  
amount, or so much thereof as is necessary, to be used for the  
purpose designated:  
For the family support subsidy program subject to the  
enrollment restrictions in section 225C.37, subsection 3:  
.....\$ ~~534,641~~  
949,282

General Fund appropriation for the Family Support Subsidy Program.

DETAIL: This is a decrease of \$20,000 compared to estimated net FY 2018.

2. At least ~~\$393,750~~ ~~\$787,500~~ of the moneys appropriated in  
this section is transferred to the department of public health  
for the family support center component of the comprehensive  
family support program under chapter 225C, subchapter V.

Requires an allocation of \$787,500 from the Family Support Subsidy appropriation to the DPH to continue the Family Support Center component of the Children at Home Program. Permits the DHS to transfer the appropriated funds to make funding available statewide. The DPH has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This allocation is no change compared to the estimated net

FY 2018 allocation.

CODE: Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

3. If at any time during the fiscal year, the amount of funding available for the family support subsidy program is reduced from the amount initially used to establish the figure for the number of family members for whom a subsidy is to be provided at any one time during the fiscal year, notwithstanding section 225C.38, subsection 2, the department shall revise the figure as necessary to conform to the amount of funding available.

Sec. 31. 2017 Iowa Acts, chapter 174, section 61, is amended to read as follows:

General Fund appropriation to the DHS for Conner Decree training requirements.

DETAIL: This is no change compared to estimated net FY 2018. The funds are used for training purposes to comply with the [Conner v. Branstad](#) consent decree mandating placement of persons with developmental disabilities in the least restrictive setting possible.

SEC. 61. CONNER DECREE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2018, and ending June 30, 2019, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D. Iowa, July 14, 1994):	
.....	\$ 16,816
	<u>33,632</u>

Sec. 32. 2017 Iowa Acts, chapter 174, section 62, subsection 1, is amended to read as follows:

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2018, and ending June 30, 2019, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

General Fund appropriation to the mental health institute (MHI) at Cherokee.

DETAIL: This is no change in funding and an increase of 9.71 FTE positions compared to estimated net FY 2018. The increase in FTE positions reflects the number of positions appropriated in FY 2018.

a. For operation of the state mental health institute at Cherokee as required by chapters 218 and 226 for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:	
.....	\$ 6,935,127
	<u>13,870,254</u>
..... FTEs	162.00

General Fund appropriation to the MHI at Independence.

DETAIL: This is no change in funding and an increase of 13.90 FTE positions compared to estimated net FY 2018. The increase in FTE positions reflects the number of positions appropriated in FY 2018.

b. For operation of the state mental health institute at Independence as required by chapters 218 and 226 for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:	
.....	\$ 8,756,810

45 4 17,513,621  
 45 5 ..... FTEs 204.00

45 6 Sec. 33. 2017 Iowa Acts, chapter 174, section 63, subsection  
 45 7 1, is amended to read as follows:

45 8 1. There is appropriated from the general fund of the  
 45 9 state to the department of human services for the fiscal year  
 45 10 beginning July 1, 2018, and ending June 30, 2019, the following  
 45 11 amounts, or so much thereof as is necessary, to be used for the  
 45 12 purposes designated:

45 13 a. For the state resource center at Glenwood for salaries,  
 45 14 support, maintenance, and miscellaneous purposes:  
 45 15 ..... \$ 8,943,890  
 45 16 ..... 16,858,523

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is a decrease of \$1,029,258 compared to estimated net FY 2018 due to an adjustment in the FMAP rate.

45 17 b. For the state resource center at Woodward for salaries,  
 45 18 support, maintenance, and miscellaneous purposes:  
 45 19 ..... \$ 6,038,517  
 45 20 ..... 11,386,679

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is a decrease of \$690,355 compared to estimated net FY 2018 due to an adjustment in the FMAP rate.

45 21 Sec. 34. 2017 Iowa Acts, chapter 174, section 64, subsection  
 45 22 1, is amended to read as follows:

45 23 1. There is appropriated from the general fund of the  
 45 24 state to the department of human services for the fiscal year  
 45 25 beginning July 1, 2018, and ending June 30, 2019, the following  
 45 26 amount, or so much thereof as is necessary, to be used for the  
 45 27 purpose designated:

General Fund appropriation to the DHS for the Civil Commitment Unit for Sexual Offenders.

DETAIL: This is an increase of \$1,400,000 and 31.25 FTE positions compared to estimated net FY 2018 due to an additional 27 offenders anticipated at the facility.

45 28 For costs associated with the commitment and treatment of  
 45 29 sexually violent predators in the unit located at the state  
 45 30 mental health institute at Cherokee, including costs of legal  
 45 31 services and other associated costs, including salaries,  
 45 32 support, maintenance, and miscellaneous purposes, and for not  
 45 33 more than the following full-time equivalent positions:

45 34 ..... \$ 4,732,373  
 45 35 ..... 10,864,747  
 46 1 ..... FTEs 442.00  
 46 2 ..... 132.00

46 3 Sec. 35. 2017 Iowa Acts, chapter 174, section 65, is amended  
 46 4 to read as follows:

46 5 SEC. 65. FIELD OPERATIONS. There is appropriated from the

General Fund appropriation to the DHS for Field Operations staff and



46 6 general fund of the state to the department of human services  
 46 7 for the fiscal year beginning July 1, 2018, and ending June 30,  
 46 8 2019, the following amount, or so much thereof as is necessary,  
 46 9 to be used for the purposes designated:  
 46 10 For field operations, including salaries, support,  
 46 11 maintenance, and miscellaneous purposes, and for not more than  
 46 12 the following full-time equivalent positions:

46 13	.....	\$	24,242,217
46 14			<u>49,074,517</u>
46 15	..... FTEs		1,583.00
46 16			<u>1,539.00</u>

support.

DETAIL: This is an increase of \$590,082 and 68.00 FTE positions compared to estimated net FY 2018. Changes include:

- An increase of 68.00 FTE positions to revise the authorized positions.
- An increase of \$590,082 to replace Child Care Facility Fund dollars.

46 17 Priority in filling full-time equivalent positions shall be  
 46 18 given to those positions related to child protection services  
 46 19 and eligibility determination for low-income families.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

46 20 Sec. 36. 2017 Iowa Acts, chapter 174, section 66, is amended  
 46 21 to read as follows:

46 22 SEC. 66. GENERAL ADMINISTRATION. There is appropriated  
 46 23 from the general fund of the state to the department of human  
 46 24 services for the fiscal year beginning July 1, 2018, and ending  
 46 25 June 30, 2019, the following amount, or so much thereof as is  
 46 26 necessary, to be used for the purpose designated:  
 46 27 For general administration, including salaries, support,  
 46 28 maintenance, and miscellaneous purposes, and for not more than  
 46 29 the following full-time equivalent positions:

46 30	.....	\$	7,016,520
46 31			<u>13,833,040</u>
46 32	..... FTEs		294.00

General Fund appropriation for General Administration.

DETAIL: This is a decrease of \$200,000 and an increase of 21.05 FTE positions compared to estimated net FY 2018. The changes include:

- A decrease of \$200,000 to reflect the item veto of college of direct support Internet training.
- An increase of 21.05 FTE positions to maintain the current authorized level.

46 33 2. Of the funds appropriated in this section, ~~\$75,000~~  
 46 34 ~~\$150,000~~ shall be used to continue the contract for the  
 46 35 provision of a program to provide technical assistance,  
 47 1 support, and consultation to providers of habilitation services  
 47 2 and home and community-based services waiver services for  
 47 3 adults with disabilities under the medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

47 4 3. Of the funds appropriated in this section, ~~\$25,000~~  
 47 5 ~~\$50,000~~ is transferred to the Iowa finance authority to be  
 47 6 used for administrative support of the council on homelessness  
 47 7 established in section 16.2D and for the council to fulfill its  
 47 8 duties in addressing and reducing homelessness in the state.

Transfers \$50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

47 9 4. Of the funds appropriated in this section, ~~\$100,000~~  
 47 10 ~~\$200,000~~ shall be transferred to and deposited in the  
 47 11 administrative fund of the Iowa ABLE savings plan trust

Transfers \$200,000 to the Treasurer of State to implement the Achieving a Better Life Experience (ABLE) Trust Act.

47 12 created in section 12I.4, to be used for implementation and  
47 13 administration activities of the Iowa ABLE savings plan trust.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

47 14 5. Of the funds appropriated in this section, ~~\$400,000~~  
47 15 \$200,000 is transferred to the economic development authority  
47 16 for the Iowa commission on volunteer services to continue  
47 17 to be used for RefugeeRISE AmeriCorps program established  
47 18 under section 15H.8 for member recruitment and training to  
47 19 improve the economic well-being and health of economically  
47 20 disadvantaged refugees in local communities across Iowa. Funds  
47 21 transferred may be used to supplement federal funds under  
47 22 federal regulations.

Transfers \$200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is no change compared to the estimated net FY 2018 allocation. This transfer was authorized for the first time in FY 2017. The transfer requires funds to be used to supplement federal funds.

47 23 7. Of the funds appropriated in this section, \$300,000 shall  
47 24 be used to contract for children's well-being collaboratives  
47 25 grants for the development and implementation of children's  
47 26 well-being collaboratives to establish and coordinate  
47 27 prevention and early intervention services to promote improved  
47 28 mental health and well-being for children and families, as  
47 29 enacted in 2017 Iowa Acts, chapter 174, section 88.

Allocates \$300,000 to the DHS for the purpose of continuing the development and implementation of children's mental health crisis services.

DETAIL: This is no change compared to the estimated net FY 2018 allocation.

47 30 8. The department of human services shall submit the  
47 31 strategic plan to create and implement a children's mental  
47 32 health system submitted to the governor by the children's  
47 33 system state board established by Executive Order Number Two  
47 34 issued April 23, 2018, to the general assembly by November 15,  
47 35 2018.

Requires the DHS to submit a copy of the strategic plan for a children's mental health system report developed by the State board established by the Governor's Executive Order Number Two to the General Assembly by November 15, 2018.

48 1 Sec. 37. 2017 Iowa Acts, chapter 174, section 67, is amended  
48 2 to read as follows:

48 3 SEC. 67. DEPARTMENT-WIDE DUTIES. There is appropriated  
48 4 from the general fund of the state to the department of human  
48 5 services for the fiscal year beginning July 1, 2018, and ending  
48 6 June 30, 2019, the following amount, or so much thereof as is  
48 7 necessary, to be used for the purposes designated:  
48 8 For salaries, support, maintenance, and miscellaneous  
48 9 purposes at facilities under the purview of the department of  
48 10 human services:  
48 11 ..... \$ 1,439,637  
48 12 ..... 2,879,274

General Fund appropriation to the DHS facilities.

DETAIL: This is no change compared to estimated net FY 2018. This appropriation is to ensure adequate staffing among the DHS facilities and to transfer staff as needed, while remaining within the set number of authorized positions.

48 13 Sec. 38. 2017 Iowa Acts, chapter 174, section 68, is amended  
48 14 to read as follows:

48 15 SEC. 68. VOLUNTEERS. There is appropriated from the general

General Fund appropriation to the DHS for the development and

48 16 fund of the state to the department of human services for the  
 48 17 fiscal year beginning July 1, 2018, and ending June 30, 2019,  
 48 18 the following amount, or so much thereof as is necessary, to be  
 48 19 used for the purpose designated:

48 20 For development and coordination of volunteer services:  
 48 21 ..... \$ 42,343  
 48 22 ..... 84,686

coordination of the Volunteer Services Program.

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

48 23 Sec. 39. 2017 Iowa Acts, chapter 174, section 70, subsection  
 48 24 1, paragraph f, subparagraph (1), is amended to read as  
 48 25 follows:

48 26 (1) For the fiscal year beginning July 1, 2018,  
 48 27 reimbursement rates for home health agencies shall continue to  
 48 28 be based on the Medicare low utilization payment adjustment  
 48 29 (LUPA) methodology with state geographic wage adjustments and  
 48 30 shall be adjusted to increase the rates to the extent possible  
 48 31 within the \$1,000,000 of state funding appropriated for this  
 48 32 purpose. The department shall continue to update the rates  
 48 33 every two years to reflect the most recent Medicare LUPA rates  
 48 34 to the extent possible within the state funding appropriated  
 48 35 for this purpose.

Requires the FY 2019 rates for home health agencies to be based on the Medicare LUPA and be increased by \$1,000,000 compared to the rates in effect in FY 2018.

49 1 Sec. 40. 2017 Iowa Acts, chapter 174, section 70, subsection  
 49 2 1, paragraphs j and k, are amended to read as follows:

49 3 j. For the fiscal year beginning July 1, 2018, unless  
 49 4 otherwise specified in this Act, all noninstitutional medical  
 49 5 assistance provider reimbursement rates shall remain at the  
 49 6 rates in effect on June 30, 2018, except for area education  
 49 7 agencies, local education agencies, infant and toddler  
 49 8 services providers, home and community-based services providers  
 49 9 including consumer-directed attendant care providers under a  
 49 10 section 1915(c) or 1915(i) waiver, targeted case management  
 49 11 providers, and those providers whose rates are required to be  
 49 12 determined pursuant to section 249A.20, or to meet federal  
 49 13 mental health parity requirements.

Requires the reimbursement rates for all noninstitutional Medicaid providers, with specified exceptions, to remain at the rates in effect in FY 2018 or to meet federal mental health parity requirements.

49 14 k. Notwithstanding any provision to the contrary, for the  
 49 15 fiscal year beginning July 1, 2018, the reimbursement rate  
 49 16 for anesthesiologists shall be adjusted to implement the cost  
 49 17 containment strategies authorized for the medical assistance  
 49 18 program in this 2017 Act remain at the rate in effect on June  
 49 19 30, 2018, and updated on January 1, 2019, to align with the  
 49 20 most current Iowa Medicare anesthesia base rate.

CODE: Requires the reimbursement rate for anesthesiologists to remain at the rate in effect in FY 2018 and updated on January 1, 2019, to align with the most current Iowa Medicare anesthesia rate.

49 21 Sec. 41. 2017 Iowa Acts, chapter 174, section 70, subsection  
 49 22 7, is amended to read as follows:

Requires the combined reimbursement rates for group foster care to be set by contract.

49 23 7. a. For the purposes of this subsection, "combined  
 49 24 reimbursement rate" means the combined service and maintenance  
 49 25 reimbursement rate for a service level under the department's  
 49 26 reimbursement methodology. Effective July 1, 2018, the  
 49 27 combined reimbursement rate for a group foster care service  
 49 28 level shall be the amount designated in this subsection.  
 49 29 However, if a group foster care provider's reimbursement rate  
 49 30 for a service level as of June 30, 2018, is more than the rate  
 49 31 designated in this subsection, the provider's reimbursement  
 49 32 shall remain at the higher rate.  
 49 33 —b.— Unless a group foster care provider is subject to the  
 49 34 exception provided in paragraph "a", effective July 1, 2018,  
 49 35 the combined reimbursement rates for the service levels under  
 50 1 the department's reimbursement methodology shall be as follows:  
 50 2 —(1)— For service level, community — D1, the daily rate shall  
 50 3 be at least \$84.17.  
 50 4 —(2)— For service level, comprehensive — D2, the daily rate  
 50 5 shall be at least \$119.09.  
 50 6 —(3)— For service level, enhanced — D3, the daily rate shall  
 50 7 be at least \$131.09 established by contract.  
 50 8 Sec. 42. 2017 Iowa Acts, chapter 174, section 70, subsection  
 50 9 11, is amended to read as follows:

50 10 11. a.— For the fiscal year beginning July 1, 2018,  
 50 11 Effective July 1, 2018, the child care provider reimbursement  
 50 12 rates shall remain at the rates in effect on June 30, 2018.  
 50 13 Effective January 1, 2019, for child care providers reimbursed  
 50 14 under the state child care assistance program, the department  
 50 15 shall set utilize \$3,000,000 of the amount appropriated for  
 50 16 child care assistance under this division to increase provider  
 50 17 reimbursement rates based on the rate reimbursement survey  
 50 18 completed in December 2004 2014. Effective July 1, 2018,  
 50 19 the child care provider reimbursement rates shall remain at  
 50 20 the rates in effect on June 30, 2018. The department shall  
 50 21 increase the lowest rate that is furthest from the fiftieth  
 50 22 percentile to a rate consistent with the relative percentage of  
 50 23 the second lowest rate as compared to the fiftieth percentile.  
 50 24 As funds remain available, the department shall increase  
 50 25 the subsequent lowest rates in a similar manner until the  
 50 26 \$3,000,000 is projected to be fully expended in the fiscal  
 50 27 year. The department shall set rates in a manner so as to  
 50 28 provide incentives for a nonregistered provider to become  
 50 29 registered by applying the increase only to registered and  
 50 30 licensed providers.  
 50 31 b. Effective January 1, 2019, for infant and toddler  
 50 32 child care providers reimbursed under the state child  
 50 33 care assistance program, the department shall set provider  
 50 34 reimbursement rates at the seventy-fifth percentile of the rate

Sets Child Care Assistance reimbursement rates for FY 2019 in the following manner:

- Maintains the FY 2018 child care provider reimbursement rate from July 1, 2018 to December 31, 2018.
- Effective January 1, 2019, reimbursement rates for providers will increase, within \$3,000,000 of funds available, starting at the rate furthest from the 50th percentile of the 2014 Market Rate Survey (MRS) up to the relative percentage of the second lowest rate as compared to the 50th percentile of the 2014 MRS.
- If funds are projected to remain available, the rates that are now the lowest rates will continue to increase in a similar manner.
- Effective January 1, 2019, the infant and toddler care reimbursement rate for providers participating in the Quality Rating System will move to the 75th percentile of the 2014 MRS, to the extent that the expenditures fit within the infant and toddler quality improvement expenditures and fit within the expected increase of funding in the federal Consolidated Appropriations Act of 2018 for the Program. Federal Funds Information for States (FFIS) estimates Iowa's share of this increase to be \$19,080,000. The quality improvement expenditure requirement of 11.00% is estimated at \$2,098,800.

50 35 reimbursement survey completed in December 2014, within the  
 51 1 expected increase for the federal child care and development  
 51 2 block grant expenditure requirement for infant and toddler  
 51 3 quality improvement, subject to quality rating system criteria  
 51 4 developed pursuant to section 237A.30. The department shall  
 51 5 set rates in a manner so as to provide incentives for a  
 51 6 nonregistered provider to become registered by applying the  
 51 7 increase only to registered and licensed providers.

51 8 Sec. 43. 2017 Iowa Acts, chapter 174, section 70, subsection  
 51 9 13, is amended by striking the subsection.

Eliminates language allowing the DHS to adjust rates due to cost containment.

DETAIL: The Bill does not have any cost containment provisions.

51 10 Sec. 44. REPEAL. 2017 Iowa Acts, chapter 174, section 69,  
 51 11 is repealed.

Eliminates the General Fund reduction of \$733,651 to all appropriations under the DHS.

DETAIL: This reduction was incorporated into the DHS budget in estimated net FY 2018.

51 12 DIVISION VI  
 51 13 HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

51 14 Sec. 45. 2017 Iowa Acts, chapter 174, section 75, is amended  
 51 15 to read as follows:

51 16 SEC. 75. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
 51 17 appropriated from the pharmaceutical settlement account created  
 51 18 in section 249A.33 to the department of human services for the  
 51 19 fiscal year beginning July 1, 2018, and ending June 30, 2019,  
 51 20 the following amount, or so much thereof as is necessary, to be  
 51 21 used for the purpose designated:

51 22 Notwithstanding any provision of law to the contrary, to  
 51 23 supplement the appropriations made in this Act for medical  
 51 24 contracts under the medical assistance program for the fiscal  
 51 25 year beginning July 1, 2018, and ending June 30, 2019:  
 51 26 .....\$ 400,000  
 51 27 .....1,446,266

Pharmaceutical Settlement Account appropriation to the DHS for the Medical Contracts appropriation in Medicaid.

DETAIL: This is an increase of \$582,009 compared to estimated net FY 2018 due to additional funds available in the Account.

51 28 Sec. 46. 2017 Iowa Acts, chapter 174, section 76, is amended  
 51 29 to read as follows:

51 30 SEC. 76. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN  
 51 31 SERVICES. Notwithstanding any provision to the contrary and  
 51 32 subject to the availability of funds, there is appropriated  
 51 33 from the quality assurance trust fund created in section  
 51 34 249L.4 to the department of human services for the fiscal year

Quality Assurance Trust Fund appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

51 35 beginning July 1, 2018, and ending June 30, 2019, the following  
 52 1 amounts, or so much thereof as is necessary, for the purposes  
 52 2 designated:  
 52 3 To supplement the appropriation made in this Act from the  
 52 4 general fund of the state to the department of human services  
 52 5 for medical assistance for the same fiscal year:  
 52 6 .....\$ 18,352,604  
 52 7 .....36,705,208

52 8 Sec. 47. 2017 Iowa Acts, chapter 174, section 77, is amended  
 52 9 to read as follows:

52 10 SEC. 77. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
 52 11 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
 52 12 the contrary and subject to the availability of funds, there is  
 52 13 appropriated from the hospital health care access trust fund  
 52 14 created in section 249M.4 to the department of human services  
 52 15 for the fiscal year beginning July 1, 2018, and ending June  
 52 16 30, 2019, the following amounts, or so much thereof as is  
 52 17 necessary, for the purposes designated:  
 52 18 To supplement the appropriation made in this Act from the  
 52 19 general fund of the state to the department of human services  
 52 20 for medical assistance for the same fiscal year:  
 52 21 .....\$ 16,960,277  
 52 22 .....33,920,554

Hospital Health Care Access Trust Fund appropriation to the Medicaid Program.

DETAIL: This is no change compared to the estimated net FY 2018 appropriation.

52 23 DIVISION VII  
 52 24 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

52 25 FEDERAL FUNDING

52 26 Sec. 48. 2017 Iowa Acts, chapter 165, section 13, subsection  
 52 27 3, paragraphs b and e, are amended to read as follows:

52 28 b. Child and family services:  
 52 29 (1) FFY 2017-2018:  
 52 30 .....\$ 7,672,390  
 52 31 .....8,022,390  
 52 32 (2) FFY 2018-2019:  
 52 33 .....\$ 7,672,390  
 52 34 .....8,272,390

Amends the Social Services Block Grant appropriations to Child and Family Services.

DETAIL: This is an increase of \$350,000 in FY 2018 and \$600,000 in FY 2019.

52 35 e. For distribution to counties for state case services  
 53 1 provided for persons with mental illness, intellectual  
 53 2 disability, or a developmental disability in accordance with  
 53 3 section 331.440, Code 2013, or in accordance with a dispute  
 53 4 resolution process implemented in accordance with section  
 53 5 331.394, subsections 5 or 6:

Amends the Social Services Block Grant State Cases appropriation for FY 2018 and eliminates the appropriation for FY 2019.

DETAIL: This is a decrease of \$350,000 in FY 2018 and \$600,000 in FY 2019.

53 6 (1) FFY 2017-2018:  
 53 7 .....\$ 600,000  
 53 8 .....250,000

53 9 (2) FFY 2018-2019:  
 53 10 .....\$ 600,000  
 53 11 .....0

53 12 Moneys appropriated in this lettered paragraph "e"  
 53 13 that remain unencumbered or unallocated at the close of a  
 53 14 federal fiscal year shall not revert but shall be retained  
 53 15 by the department and used to supplement amounts otherwise  
 53 16 appropriated for child and family services under paragraph "b".

#### 53 17 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

53 18 Sec. 49. 2017 Iowa Acts, chapter 174, section 6, is amended  
 53 19 to read as follows:

53 20 SEC. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
 53 21 GRANT. There is appropriated from the fund created in section  
 53 22 8.41 to the department of human services for the fiscal year  
 53 23 beginning July 1, 2017, and ending June 30, 2018, from moneys  
 53 24 received under the federal temporary assistance for needy  
 53 25 families (TANF) block grant pursuant to the federal Personal  
 53 26 Responsibility and Work Opportunity Reconciliation Act of 1996,  
 53 27 Pub.L.No.104-193, and successor legislation, the following  
 53 28 amounts, or so much thereof as is necessary, to be used for the  
 53 29 purposes designated:

53 30 1. To be credited to the family investment program account  
 53 31 and used for assistance under the family investment program  
 53 32 under chapter 239B:  
 53 33 .....\$ 5,112,462  
 53 34 .....4,539,006

Deappropriates \$573,456 from the estimated FY 2018 TANF appropriation for the FIP.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

53 35 2. To be credited to the family investment program account  
 54 1 and used for the job opportunities and basic skills (JOBS)  
 54 2 program and implementing family investment agreements in  
 54 3 accordance with chapter 239B:  
 54 4 .....\$ 5,575,693  
 54 5 .....5,412,060

Deappropriates \$163,633 from the estimated FY 2018 TANF appropriation for the PROMISE JOBS Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

54 6 3. To be used for the family development and  
 54 7 self-sufficiency grant program in accordance with section  
 54 8 216A.107:  
 54 9 .....\$ 2,898,980  
 54 10 .....2,883,980

Deappropriates \$15,000 from the estimated FY 2018 TANF appropriation for the FaDSS Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

54 11 Notwithstanding section 8.33, moneys appropriated in this  
 54 12 subsection that remain unencumbered or unobligated at the close  
 54 13 of the fiscal year shall not revert but shall remain available  
 54 14 for expenditure for the purposes designated until the close of  
 54 15 the succeeding fiscal year. However, unless such moneys are  
 54 16 encumbered or obligated on or before September 30, 2018, the  
 54 17 moneys shall revert.

54 18 4. For field operations:

54 19 ..... \$ 31,296,232

54 20 5. For general administration:

54 21 ..... \$ 3,744,000

54 22 6. For state child care assistance:

54 23 ..... ~~\$ 47,866,826~~

54 24 ..... 53,603,561

54 25 a. Of the funds appropriated in this subsection,

54 26 ~~\$26,328,097~~ \$26,205,412 is transferred to the child care  
 54 27 and development block grant appropriation made by the  
 54 28 Eighty-seventh General Assembly, 2017 session, for the federal  
 54 29 fiscal year beginning October 1, 2017, and ending September 30,  
 54 30 2018. Of this amount, \$200,000 shall be used for provision  
 54 31 of educational opportunities to registered child care home  
 54 32 providers in order to improve services and programs offered  
 54 33 by this category of providers and to increase the number of  
 54 34 providers. The department may contract with institutions  
 54 35 of higher education or child care resource and referral  
 55 1 centers to provide the educational opportunities. Allowable  
 55 2 administrative costs under the contracts shall not exceed 5  
 55 3 percent. The application for a grant shall not exceed two  
 55 4 pages in length.

55 5 b. Any funds appropriated in this subsection remaining  
 55 6 unallocated shall be used for state child care assistance  
 55 7 payments for families who are employed including but not  
 55 8 limited to individuals enrolled in the family investment  
 55 9 program.

55 10 7. For child and family services:

55 11 ..... \$ 32,380,654

55 12 8. For child abuse prevention grants:

55 13 ..... \$ 125,000

55 14 9. For pregnancy prevention grants on the condition that  
 55 15 family planning services are funded:

55 16 ..... ~~\$ 1,930,067~~

55 17 ..... 1,913,203

55 18 Pregnancy prevention grants shall be awarded to programs  
 55 19 in existence on or before July 1, 2017, if the programs have  
 55 20 demonstrated positive outcomes. Grants shall be awarded to  
 55 21 pregnancy prevention programs which are developed after July

CODE: Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2018 to remain available for expenditure in FY 2019.

Increases the FY 2018 Child Care Assistance TANF appropriation by \$5,736,735. Additionally, the amount of funds transferred to the Child Care and Development Block Grant for fund conversion is decreased by \$122,685.

Deappropriates \$16,864 from the estimated FY 2018 TANF appropriation for the Pregnancy Prevention Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.



55 22 1, 2017, if the programs are based on existing models that  
 55 23 have demonstrated positive outcomes. Grants shall comply with  
 55 24 the requirements provided in 1997 Iowa Acts, chapter 208,  
 55 25 section 14, subsections 1 and 2, including the requirement that  
 55 26 grant programs must emphasize sexual abstinence. Priority in  
 55 27 the awarding of grants shall be given to programs that serve  
 55 28 areas of the state which demonstrate the highest percentage of  
 55 29 unplanned pregnancies of females of childbearing age within the  
 55 30 geographic area to be served by the grant.

55 31 10. For technology needs and other resources necessary  
 55 32 to meet federal welfare reform reporting, tracking, and case  
 55 33 management requirements:

55 34	.....	\$	1,037,186
55 35			<u>294,155</u>

56 1 11. a. Notwithstanding any provision to the contrary,  
 56 2 including but not limited to requirements in section 8.41 or  
 56 3 provisions in 2016 or 2017 Iowa Acts regarding the receipt and  
 56 4 appropriation of federal block grants, federal funds from the  
 56 5 temporary assistance for needy families block grant received by  
 56 6 the state and not otherwise appropriated in this section and  
 56 7 remaining available for the fiscal year beginning July 1, 2017,  
 56 8 are appropriated to the department of human services to the  
 56 9 extent as may be necessary to be used in the following priority  
 56 10 order: the family investment program, for state child care  
 56 11 assistance program payments for families who are employed, and  
 56 12 for the family investment program share of costs to develop and  
 56 13 maintain a new, integrated eligibility determination system.  
 56 14 The federal funds appropriated in this paragraph "a" shall be  
 56 15 expended only after all other funds appropriated in subsection  
 56 16 1 for assistance under the family investment program, in  
 56 17 subsection 6 for child care assistance, or in subsection 10  
 56 18 for technology costs related to the family investment program,  
 56 19 as applicable, have been expended. For the purposes of this  
 56 20 subsection, the funds appropriated in subsection 6, paragraph  
 56 21 "a", for transfer to the child care and development block grant  
 56 22 appropriation are considered fully expended when the full  
 56 23 amount has been transferred.

56 24 b. The department shall, on a quarterly basis, advise the  
 56 25 legislative services agency and department of management of  
 56 26 the amount of funds appropriated in this subsection that was  
 56 27 expended in the prior quarter.

56 28 12. Of the amounts appropriated in this section,  
 56 29 \$12,962,008 for the fiscal year beginning July 1, 2017, is  
 56 30 transferred to the appropriation of the federal social services  
 56 31 block grant made to the department of human services for that  
 56 32 fiscal year.

Deappropriates \$743,031 from the estimated FY 2018 TANF  
 appropriation for Training and Technology.

DETAIL: This deappropriation is due to funds not being expended  
 during FY 2018.

56 33 13. For continuation of the program providing categorical  
 56 34 eligibility for the food assistance program as specified  
 56 35 for the program in the section of this division of this Act  
 57 1 relating to the family investment program account:  
 57 2 .....\$ 25,000  
 57 3 ..... 14,236  
 57 4 14. The department may transfer funds allocated in this  
 57 5 section to the appropriations made in this division of this Act  
 57 6 for the same fiscal year for general administration and field  
 57 7 operations for resources necessary to implement and operate the  
 57 8 services referred to in this section and those funded in the  
 57 9 appropriation made in this division of this Act for the same  
 57 10 fiscal year for the family investment program from the general  
 57 11 fund of the state.

Deappropriates \$10,764 from the estimated FY 2018 TANF appropriation for the Expanded Categorical Eligibility for the SNAP Program.

DETAIL: This deappropriation is due to funds not being expended during FY 2018.

57 12 15. With the exception of moneys allocated under this  
 57 13 section for the family development and self-sufficiency grant  
 57 14 program, to the extent moneys allocated in this section are  
 57 15 deemed by the department not to be necessary to support the  
 57 16 purposes for which they are allocated, such moneys may be  
 57 17 ~~credited~~ used in the same fiscal year for any other purpose for  
 57 18 which funds are allocated in this section or in section 7 of  
 57 19 this division for the family investment program account. If  
 57 20 there are competing needs, priority shall first be given to the  
 57 21 family investment program account as specified under subsection  
 57 22 1 of this section and used for the purposes of assistance  
 57 23 under the family investment program in accordance with chapter  
 57 24 239B ~~in the same fiscal year, followed by state child care~~  
 57 25 assistance program payments for families who are employed,  
 57 26 followed by other priorities as specified by the department.

Adds the Child Care Assistance Program to the list of programs to which the DHS can transfer available TANF funds.

DETAIL: The Bill specifies that if there are competing needs, first priority will be given to the FIP, followed by the Child Care Assistance Program payments for employed families, followed by other priorities specified by the DHS.

# 57 27 MEDICAID TRANSFERS TO SUPPORT REVIEWS AND QUALITY CONTROL 57 28 ACTIVITIES

57 29 Sec. 50. 2017 Iowa Acts, chapter 174, section 12, subsection  
 57 30 8, is amended to read as follows:

57 31 8. A portion of the funds appropriated in this section  
 57 32 may be transferred to the appropriations in this division of  
 57 33 this Act for general administration, medical contracts, the  
 57 34 children's health insurance program, or field operations to be  
 57 35 used for the state match cost to comply with the payment error  
 58 1 rate measurement (PERM) program for both the medical assistance  
 58 2 and children's health insurance programs as developed by the  
 58 3 centers for Medicare and Medicaid services of the United States  
 58 4 department of health and human services to comply with the  
 58 5 federal Improper Payments Information Act of 2002, Pub.L.  
 58 6 No.107-300, and to support other reviews and quality control

Amends FY 2018 language related to the PERM Program to allow for funds to be used to support other reviews and quality control activities.

58 7 activities to improve the integrity of these programs.

58 8 STATE SUPPLEMENTARY ASSISTANCE

58 9 Sec. 51. 2017 Iowa Acts, chapter 174, section 14, is amended  
58 10 by adding the following new subsection:

58 11 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys  
58 12 appropriated in this section that remain unencumbered or  
58 13 unobligated at the close of the fiscal year shall not revert  
58 14 but shall remain available for expenditure for the purposes  
58 15 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Supplementary Assistance Program for FY 2018 to remain available for FY 2019.

58 16 JUVENILE INSTITUTION

58 17 Sec. 52. 2017 Iowa Acts, chapter 174, section 17, is amended  
58 18 by adding the following new subsection:

58 19 NEW SUBSECTION 3. Notwithstanding section 8.33, moneys  
58 20 appropriated in this section that remain unencumbered or  
58 21 unobligated at the close of the fiscal year shall not revert  
58 22 but shall remain available for expenditure for the purposes  
58 23 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the State Training School at Eldora for FY 2018 to remain available for FY 2019.

58 24 MENTAL HEALTH INSTITUTES

58 25 Sec. 53. 2017 Iowa Acts, chapter 174, section 23, is amended  
58 26 by adding the following new subsection:

58 27 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys  
58 28 appropriated in this section that remain unencumbered or  
58 29 unobligated at the close of the fiscal year shall not revert  
58 30 but shall remain available for expenditure for the purposes  
58 31 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the Cherokee and Independence MHIs for FY 2018 to remain available for FY 2019.

58 32 STATE RESOURCE CENTERS

58 33 Sec. 54. 2017 Iowa Acts, chapter 174, section 24, is amended  
58 34 by adding the following new subsection:

58 35 NEW SUBSECTION 6. Notwithstanding section 8.33, and  
59 1 notwithstanding the amount limitation specified in section  
59 2 222.92, moneys appropriated in this section that remain  
59 3 unencumbered or unobligated at the close of the fiscal year  
59 4 shall not revert but shall remain available for expenditure  
59 5 for the purposes designated until the close of the succeeding  
59 6 fiscal year.

CODE: Allows any unexpended funds appropriated for the State Resource Centers at Glenwood and Woodward for FY 2018 to remain available for FY 2019.

59 7 SEXUALLY VIOLENT PREDATORS

59 8 Sec. 55. 2017 Iowa Acts, chapter 174, section 25, is amended  
59 9 by adding the following new subsection:

59 10 NEW SUBSECTION 3. Notwithstanding section 8.33, moneys  
59 11 appropriated in this section that remain unencumbered or  
59 12 unobligated at the close of the fiscal year shall not revert  
59 13 but shall remain available for expenditure for the purposes  
59 14 designated until the close of the succeeding fiscal year.

CODE: Allows any unexpended funds appropriated for the CCUSO for FY 2018 to remain available for FY 2019.

59 15 Sec. 56. EFFECTIVE DATE. This division of this Act, being  
59 16 deemed of immediate importance, takes effect upon enactment.  
59 17 Sec. 57. RETROACTIVE APPLICABILITY. This division of this  
59 18 Act applies retroactively to July 1, 2017.

The Division is effective upon enactment and retroactive to July 1, 2017.

59 19 DIVISION VIII  
59 20 DECATEGORIZATION

59 21 Sec. 58. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO  
59 22 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection  
59 23 5, paragraph “b”, any state appropriated moneys in the funding  
59 24 pool that remained unencumbered or unobligated at the close  
59 25 of the fiscal year beginning July 1, 2015, and were deemed  
59 26 carryover funding to remain available for the two succeeding  
59 27 fiscal years that still remain unencumbered or unobligated at  
59 28 the close of the fiscal year beginning July 1, 2017, shall  
59 29 not revert but shall be transferred to the medical assistance  
59 30 program for the fiscal year beginning July 1, 2018.

CODE: Transfers decategorization funds to Medicaid that would have previously reverted to the General Fund.

DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in FY 2019.

59 31 Sec. 59. EFFECTIVE DATE. This division of this Act, being  
59 32 deemed of immediate importance, takes effect upon enactment.  
59 33 Sec. 60. RETROACTIVE APPLICABILITY. This division of this  
59 34 Act applies retroactively to July 1, 2017.

The Division is effective upon enactment and is retroactive to July 1, 2017.

59 35 DIVISION IX  
60 1 STATE CASES

60 2 Sec. 61. Section 218.99, Code 2018, is amended to read as  
60 3 follows:  
60 4 218.99 COUNTIES TO BE NOTIFIED OF PATIENTS' PERSONAL  
60 5 ACCOUNTS.  
60 6 The administrator in control of a state institution shall  
60 7 direct the business manager of each institution under the  
60 8 administrator's jurisdiction which is mentioned in section  
60 9 331.424, subsection 1, paragraph “a”, subparagraphs (1) and  
60 10 (2), and for which services are paid under section 331.424A,  
60 11 to quarterly inform the county of residence of any patient or  
60 12 resident who has an amount in excess of two hundred dollars on  
60 13 account in the patients' personal deposit fund and the amount

CODE: This Division removes references to "state cases" for mental health services provided to individuals with no counties of legal settlement.

DETAIL: Counties will now be responsible for paying for services of individuals within a MHDS region.

**FISCAL IMPACT:** This will decrease annual expenditures from the Social Services Block Grant by \$600,000 beginning in FY 2019.

60 14 on deposit. The administrators shall direct the business  
60 15 manager to further notify the county of residence at least  
60 16 fifteen days before the release of funds in excess of two  
60 17 hundred dollars or upon the death of the patient or resident.  
60 18 If the patient or resident has no residency in this state  
60 19 or the person's residency is unknown ~~so that the person is~~  
60 20 ~~deemed to be a state case~~, notice shall be made to the director  
60 21 of human services and the administrator in control of the  
60 22 institution involved.

60 23 Sec. 62. Section 222.60, subsection 1, paragraph b, Code  
60 24 2018, is amended to read as follows:

60 25 b. The state when the person is a resident in another state  
60 26 or in a foreign country, or when the person's residence is  
60 27 unknown. ~~The payment responsibility shall be deemed to be a~~  
60 28 ~~state case.~~

60 29 Sec. 63. Section 222.60, subsection 2, paragraph b, Code  
60 30 2018, is amended to read as follows:

60 31 b. The cost of a regional administrator-required diagnosis  
60 32 and an evaluation is at the mental health and disability  
60 33 services region's expense. ~~For a state case~~ When a person is  
60 34 a resident in another state or in a foreign country, or when  
60 35 the persons' residence is unknown, the state may apply the  
61 1 diagnosis and evaluation provisions of this subsection at the  
61 2 state's expense.

61 3 Sec. 64. Section 222.65, subsection 1, Code 2018, is amended  
61 4 to read as follows:

61 5 1. If the administrator concurs with a certified  
61 6 determination as to residency of the person ~~so that the~~  
61 7 ~~person is deemed a state case in another state or in a foreign~~  
61 8 ~~country, or the person's residence is unknown~~ under section  
61 9 222.60, the administrator shall cause the person either to be  
61 10 transferred to a resource center or a special unit or to be  
61 11 transferred to the place of foreign residency.

61 12 Sec. 65. Section 222.66, Code 2018, is amended to read as  
61 13 follows:

61 14 222.66 TRANSFERS — ~~STATE CASES~~ NO RESIDENCY IN THE STATE OR  
61 15 RESIDENCY UNKNOWN — EXPENSES.

61 16 ~~4.~~ The transfer to a resource center or a special unit or  
61 17 to the place of residency of a person with an intellectual  
61 18 disability who has no residence in this state or whose  
61 19 residency is unknown, shall be made in accordance with such  
61 20 directions as shall be prescribed by the administrator and  
61 21 when practicable by employees of the state resource center or  
61 22 the special unit. The actual and necessary expenses of such  
61 23 transfers shall be paid by the department on itemized vouchers  
61 24 sworn to by the claimants and approved by the administrator and  
61 25 the approved amount is appropriated to the department from any  
61 26 funds in the state treasury not otherwise appropriated.

61 27 ~~—2. The case of a person with an intellectual disability~~  
61 28 ~~who is determined to have no residence in this state or whose~~  
61 29 ~~residence is unknown shall be considered a state case.~~  
61 30 Sec. 66. Section 222.67, Code 2018, is amended to read as  
61 31 follows:  
61 32 222.67 CHARGE ON FINDING OF RESIDENCY.  
61 33 If a person has been received into a resource center or a  
61 34 special unit as a patient whose residency is unknown and the  
61 35 administrator determines that the residency of the patient  
62 1 was at the time of admission in a county of this state, the  
62 2 administrator shall certify the determination and charge  
62 3 all legal costs and expenses pertaining to the admission  
62 4 and support of the patient to the county of residence. The  
62 5 certification shall be sent to the county of residence. The  
62 6 certification shall be accompanied by a copy of the evidence  
62 7 supporting the determination. If the person's residency status  
62 8 has been determined in accordance with section 331.394, the  
62 9 legal costs and expenses shall be charged to the county ~~or as a~~  
62 10 ~~state case~~ in accordance with that determination. The costs  
62 11 and expenses shall be collected as provided by law in other  
62 12 cases.  
62 13 Sec. 67. Section 222.70, Code 2018, is amended to read as  
62 14 follows:  
62 15 222.70 RESIDENCY DISPUTES.  
62 16 If a dispute arises between counties or between the  
62 17 department and a county as to the residency of a person  
62 18 admitted to a resource center, ~~or a special unit, or a~~  
62 19 ~~community-based service~~, the dispute shall be resolved as  
62 20 provided in section 331.394.  
62 21 Sec. 68. Section 226.45, Code 2018, is amended to read as  
62 22 follows:  
62 23 226.45 REIMBURSEMENT TO COUNTY OR STATE.  
62 24 If a patient is not receiving medical assistance under  
62 25 chapter 249A and the amount ~~to~~ in the account of any patient  
62 26 in the patients' personal deposit fund exceeds two hundred  
62 27 dollars, the business manager of the hospital may apply any  
62 28 of the excess to reimburse the county of residence or the  
62 29 ~~state for a state case~~ when the patient is a resident in  
62 30 another state or in a foreign country, or when the patient's  
62 31 residence is unknown for liability incurred by the county or  
62 32 the state for the payment of care, support and maintenance of  
62 33 the patient, when billed by the county of residence or by the  
62 34 administrator ~~for a state case~~ when the patient is a resident  
62 35 in another state or in a foreign country, or when the patient's  
63 1 residence is unknown.  
63 2 Sec. 69. Section 230.1, subsection 1, paragraph b, Code  
63 3 2018, is amended to read as follows:  
63 4 b. By the state ~~as a state case~~ if such person has no

63 5 residence in this state, if the person's residence is unknown,  
63 6 or if the person is under eighteen years of age.  
63 7 Sec. 70. Section 230.2, Code 2018, is amended to read as  
63 8 follows:

63 9 230.2 FINDING OF RESIDENCE.

63 10 If a person's residency status is disputed, the residency  
63 11 shall be determined in accordance with section 331.394.  
63 12 Otherwise, the district court may, when the person is  
63 13 ordered placed in a hospital for psychiatric examination and  
63 14 appropriate treatment, or as soon thereafter as the court  
63 15 obtains the proper information, make one of the following  
63 16 determinations and enter of record whether the residence of the  
63 17 person is in a county or the person is ~~deemed to be a state case~~  
63 18 a resident in another state or in a foreign country, or when  
63 19 the person's residence is unknown, as follows:

63 20 1. That the person's residence is in the county from which  
63 21 the person was placed in the hospital.

63 22 2. That the person's residence is in another county of the  
63 23 state.

63 24 3. That the person's residence is in a foreign state or  
63 25 country ~~and the person is deemed to be a state case~~.

63 26 4. That the person's residence is unknown ~~and the person is~~  
63 27 ~~deemed to be a state case~~.

63 28 Sec. 71. Section 230.8, Code 2018, is amended to read as  
63 29 follows:

63 30 230.8 TRANSFERS OF PERSONS WITH MENTAL ILLNESS — EXPENSES.

63 31 The transfer to any state hospitals or to the places of their  
63 32 residence of persons with mental illness who have no residence  
63 33 in this state or whose residence is unknown ~~and deemed to be a~~  
63 34 ~~state case~~, shall be made according to the directions of the  
63 35 administrator, and when practicable by employees of the state  
64 1 hospitals. The actual and necessary expenses of such transfers  
64 2 shall be paid by the department on itemized vouchers sworn to  
64 3 by the claimants and approved by the administrator.

64 4 Sec. 72. Section 230.9, Code 2018, is amended to read as  
64 5 follows:

64 6 230.9 SUBSEQUENT DISCOVERY OF RESIDENCE.

64 7 If, after a person has been received by a state hospital  
64 8 for persons with mental illness ~~as a state case patient~~  
64 9 whose residence is supposed to be outside this state, the  
64 10 administrator determines that the residence of the person  
64 11 was, at the time of admission or commitment, in a county of  
64 12 this state, the administrator shall certify the determination  
64 13 and charge all legal costs and expenses pertaining to the  
64 14 admission or commitment and support of the person to the county  
64 15 of residence. The certification shall be sent to the county  
64 16 of residence. The certification shall be accompanied by a  
64 17 copy of the evidence supporting the determination. The costs

64 18 and expenses shall be collected as provided by law in other  
64 19 cases. If the person's residency status has been determined in  
64 20 accordance with section 331.394, the legal costs and expenses  
64 21 shall be charged ~~to the county of residence or as a state case~~  
64 22 in accordance with that determination.

64 23 Sec. 73. Section 230.11, Code 2018, is amended to read as  
64 24 follows:

64 25 230.11 RECOVERY OF COSTS FROM STATE.

64 26 Costs and expenses attending the taking into custody,  
64 27 care, and investigation of a person who has been admitted  
64 28 or committed to a state hospital, United States department  
64 29 of veterans affairs hospital, or other agency of the United  
64 30 States government, for persons with mental illness and who  
64 31 has no residence in this state or whose residence is unknown,  
64 32 including cost of commitment, if any, shall be paid ~~as a state~~  
64 33 ~~case~~ as approved by the administrator. The amount of the costs  
64 34 and expenses approved by the administrator is appropriated  
64 35 to the department from any money in the state treasury  
65 1 not otherwise appropriated. Payment shall be made by the  
65 2 department on itemized vouchers executed by the auditor of the  
65 3 county which has paid them, and approved by the administrator.

65 4 Sec. 74. Section 249A.26, subsection 2, paragraph b, Code  
65 5 2018, is amended to read as follows:

65 6 b. The state shall pay for one hundred percent of the  
65 7 nonfederal share of the costs of case management provided for  
65 8 adults, day treatment, partial hospitalization, and the home  
65 9 and community-based services waiver services ~~for persons who~~  
65 10 ~~have no residence in this state or whose residence is unknown~~  
65 11 ~~so that the persons are deemed to be state cases.~~

65 12 Sec. 75. Section 249A.26, subsection 7, Code 2018, is  
65 13 amended by striking the subsection.

65 14 Sec. 76. Section 331.394, Code 2018, is amended to read as  
65 15 follows:

65 16 331.394 COUNTY OF RESIDENCE — SERVICES TO RESIDENTS —  
65 17 SERVICE AUTHORIZATION APPEALS — DISPUTES BETWEEN COUNTIES OR  
65 18 REGIONS ~~—AND THE DEPARTMENT~~ .

65 19 1. For the purposes of this section, unless the context  
65 20 otherwise requires:

65 21 a. "County of residence" means the county in this state in  
65 22 which, at the time a person applies for or receives services,  
65 23 the person is living and has established an ongoing presence  
65 24 with the declared, good faith intention of living in the  
65 25 county for a permanent or indefinite period of time. The  
65 26 county of residence of a person who is a homeless person  
65 27 is the county where the homeless person usually sleeps. A  
65 28 person maintains residency in the county or state in which the  
65 29 person last resided while the person is present in another  
65 30 county or this state receiving services in a hospital, a



65 31 correctional facility, a halfway house for community-based  
65 32 corrections or substance-related treatment, a nursing facility,  
65 33 an intermediate care facility for persons with an intellectual  
65 34 disability, or a residential care facility, or for the purpose  
65 35 of attending a college or university.

66 1 b. "Homeless person" means the same as defined in section  
66 2 48A.2.

66 3 c. "Mental health professional" means the same as defined  
66 4 in section 228.1.

66 5 d. "Person" means a person who is a United States citizen or  
66 6 a qualified alien as defined in 8 U.S.C. §1641.

66 7 2. If a person appeals a decision regarding a service  
66 8 authorization or other services-related decision made by a  
66 9 regional administrator that cannot be resolved informally,  
66 10 the appeal shall be heard in a contested case proceeding by a  
66 11 state administrative law judge. The administrative law judge's  
66 12 decision shall be considered final agency action under chapter  
66 13 17A.

66 14 3. If a service authorization or other services-related  
66 15 decision made by a regional administrator concerning a person  
66 16 varies from the type and amount of service identified to be  
66 17 necessary for the person in a clinical determination made by a  
66 18 mental health professional and the mental health professional  
66 19 believes that failure to provide the type and amount of service  
66 20 identified could cause an immediate danger to the person's  
66 21 health or safety, the person may request an expedited review  
66 22 of the regional administrator's decision to be made by the  
66 23 department of human services. An expedited review held in  
66 24 accordance with this subsection is subject to the following  
66 25 procedures:

66 26 a. The request for the expedited review shall be filed  
66 27 within five business days of receiving the notice of decision  
66 28 by the regional administrator. The request must be in writing,  
66 29 plainly state the request for an expedited review in the  
66 30 caption and body of the request, and be supported by written  
66 31 documentation from the mental health professional who made the  
66 32 clinical determination stating how the notice of decision on  
66 33 services could cause an immediate danger to the person's health  
66 34 or safety.

66 35 b. The expedited review shall be performed by a mental  
67 1 health professional, who is either the administrator of the  
67 2 division of mental health and disability services of the  
67 3 department of human services or the administrator's designee.  
67 4 If the administrator is not a mental health professional,  
67 5 the expedited review shall be performed by a designee of the  
67 6 administrator who is a mental health professional and is free  
67 7 of any conflict of interest to perform the expedited review.  
67 8 The expedited review shall be performed within two business

67 9 days of the time the request is filed. If the reviewer  
67 10 determines the information submitted in connection with the  
67 11 request is inadequate to perform the review, the reviewer shall  
67 12 request the submission of additional information and the review  
67 13 shall be performed within two business days of the time that  
67 14 adequate information is submitted. The regional administrator  
67 15 and the person, with the assistance of the mental health  
67 16 professional who made the clinical determination, shall each  
67 17 provide a brief statement of facts, conclusions, and reasons  
67 18 for the decision made. Supporting clinical information shall  
67 19 also be attached. All information related to the proceedings  
67 20 and any related filings shall be considered to be mental health  
67 21 information subject to chapter 228.

67 22 c. The administrator or designee shall issue an order,  
67 23 including a brief statement of findings of fact, conclusions of  
67 24 law, and policy reasons for the order, to justify the decision  
67 25 made concerning the expedited review. If the decision concurs  
67 26 with the contention that there is an immediate danger to the  
67 27 person's health or safety, the order shall identify the type  
67 28 and amount of service which shall be provided for the person.  
67 29 The administrator or designee shall give such notice as is  
67 30 practicable to persons who are required to comply with the  
67 31 order. The order is effective when issued.

67 32 d. The decision of the administrator or designee shall be  
67 33 considered a final agency action and is subject to judicial  
67 34 review in accordance with section 17A.19. The record for  
67 35 judicial review consists of any documents regarding the matter  
68 1 that were considered or prepared by the administrator or  
68 2 designee. The administrator or designee shall maintain these  
68 3 documents as the official record of the decision. If the  
68 4 matter is appealed to the district court, the record shall be  
68 5 filed as confidential.

68 6 4. If a county of residence is part of a mental health and  
68 7 disability services region that has agreed to pool funding and  
68 8 liability for services, the responsibilities of the county  
68 9 under law regarding such services shall be performed on behalf  
68 10 of the county by the regional administrator. The county of  
68 11 residence or the county's mental health and disability services  
68 12 region, as applicable, is responsible for paying the public  
68 13 costs of the mental health and disability services that are  
68 14 not covered by the medical assistance program under chapter  
68 15 249A and are provided in accordance with the region's approved  
68 16 service management plan to persons who are residents of the  
68 17 county or region.

68 18 5. a. The dispute resolution process implemented in  
68 19 accordance with this subsection applies to residency disputes.  
68 20 The dispute resolution process is not applicable to disputes  
68 21 involving persons committed to a state facility pursuant to

chapter 812 or rule of criminal procedure 2.22, Iowa court rules, or to disputes involving service authorization decisions made by a region.

b. If a county, ~~or~~ region, ~~or the department~~, as applicable, receives a billing for services provided to a resident in another county or region, or objects to a residency determination certified by ~~the department~~ or another county's or region's regional administrator and asserts either that the person has residency in another county or region or the person is not a resident of this state ~~or the person's residency is unknown so that the person is deemed a state case~~, the person's residency status shall be determined as provided in this subsection. ~~The county or region shall notify the department of the county's or region's assertion within one hundred twenty days of receiving the billing.~~ If the county or region asserts that the person has residency in another county or region, ~~that the county or region shall be notified at the same time as the department.~~ If the department disputes a residency determination certification made by a regional administrator, ~~the department shall notify the affected counties or regions of the department's assertion~~ notify the other county or region within one hundred twenty days of receiving the billing for services.

c. The ~~department~~, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the person's residency status within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections and appeals for a contested case hearing under chapter 17A before an administrative law judge assigned in accordance with section 10A.801 to determine the person's residency status.

d. (1) The administrative law judge's determination of the person's residency status shall be considered final agency action, notwithstanding contrary provisions of section 17A.15. The party that does not prevail in the determination or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections and appeals' actual costs associated with the administrative proceeding. Judicial review of the determination may be sought in accordance with section 17A.19.

(2) If following the determination of a person's residency status in accordance with this subsection, additional evidence becomes available that merits a change in that determination, the parties affected may change the determination by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the ~~department~~, county, or region, or by the

69 35 administrative law judge.

70 1 e. (1) Unless a petition is filed for judicial review,

70 2 the administrative law judge's determination of the person's

70 3 residency status shall result in one of the following:

70 4 (a) If a county or region is determined to be the person's

70 5 residence, the county or region shall pay the amounts due and

70 6 shall reimburse any other amounts paid for services provided by

70 7 the other county or region ~~or the department~~ on the person's

70 8 behalf prior to the determination.

70 9 (b) If it is determined that the person is not a resident

70 10 of this state ~~or the person's residency is unknown so that the~~

70 11 ~~person is deemed to be a state case, the department shall pay~~

70 12 ~~the amounts due and shall reimburse the county or region, as~~

70 13 ~~applicable, for any payment made on behalf of the person prior~~

70 14 ~~to the determination~~ neither the region in which the services

70 15 were provided nor the state shall be liable for payment of

70 16 amounts due for services provided to the person prior to the

70 17 determination.

70 18 (2) The payment or reimbursement shall be remitted within

70 19 forty-five days of the date the determination was issued.

70 20 After the forty-five-day period, a penalty of not greater than

70 21 one percent per month may be added to the amount due.

70 22 6. a. The dispute resolution process implemented in

70 23 accordance with this subsection applies beginning July 1, 2012,

70 24 to billing disputes between the state and a county or region,

70 25 other than residency disputes or other dispute processes under

70 26 this section, involving the responsibility for service costs

70 27 for services provided on or after July 1, 2011, under any of

70 28 the following:

70 29 (1) Chapter 221.

70 30 (2) Chapter 222.

70 31 (3) Chapter 229.

70 32 (4) Chapter 230.

70 33 (5) Chapter 249A.

70 34 (6) Chapter 812.

70 35 b. If a county, region, or the department, as applicable,

71 1 disputes a billing for service costs listed in paragraph "a",

71 2 the dispute shall be resolved as provided in this subsection.

71 3 The county or region shall notify the department of the

71 4 county's or region's assertion within ninety days of receiving

71 5 the billing. However, for services provided on or after July

71 6 1, 2011, for which a county has received the billing as of July

71 7 1, 2012, the county shall notify the department of the county's

71 8 assertion on or before October 1, 2012. If the department

71 9 disputes such a billing of a regional administrator, the

71 10 department shall notify the affected counties or regions of the

71 11 department's assertion.

71 12 c. The department, county, or region that received the

71 13 notification, as applicable, shall respond to the party  
71 14 that provided the notification within forty-five days of  
71 15 receiving the notification. If the parties cannot agree to a  
71 16 settlement as to the dispute within ninety days of the date  
71 17 of notification, on motion of any of the parties, the matter  
71 18 shall be referred to the department of inspections and appeals  
71 19 for a contested case hearing under chapter 17A before an  
71 20 administrative law judge assigned in accordance with section  
71 21 10A.801 to determine facts and issue a decision to resolve the  
71 22 dispute.  
71 23 d. (1) The administrative law judge's decision is a final  
71 24 agency action, notwithstanding contrary provisions of section  
71 25 17A.15. The party that does not prevail in the decision or  
71 26 subsequent judicial review is liable for costs associated with  
71 27 the proceeding, including reimbursement of the department of  
71 28 inspections and appeals' actual costs associated with the  
71 29 administrative proceeding. Judicial review of the decision may  
71 30 be sought in accordance with section 17A.19.  
71 31 (2) If following the decision regarding a dispute in  
71 32 accordance with this subsection, additional evidence becomes  
71 33 available that merits a change in that decision, the parties  
71 34 affected may change the decision by mutual agreement.  
71 35 Otherwise, a party may move that the matter be reconsidered by  
72 1 the department, county, or region, or by the administrative law  
72 2 judge.  
72 3 e. (1) Unless a petition is filed for judicial review,  
72 4 the administrative law judge's decision regarding a disputed  
72 5 billing shall result in one of the following:  
72 6 (a) If a county or region is determined to be responsible  
72 7 for the disputed amounts, the county or region shall pay  
72 8 the amounts due and shall reimburse any other amounts paid  
72 9 for services provided by the other county or region or the  
72 10 department on the person's behalf prior to the decision.  
72 11 (b) If it is determined that the state is responsible for  
72 12 the disputed amounts, the state shall pay the amounts due and  
72 13 shall reimburse the county or region, as applicable, for any  
72 14 payment made on behalf of the person prior to the decision.  
72 15 (2) The payment or reimbursement shall be remitted within  
72 16 forty-five days of the date the decision was issued. After  
72 17 the forty-five-day period, a penalty of not greater than one  
72 18 percent per month may be added to the amount due.  
72 19 Sec. 77. REPEAL. Section 226.9C, Code 2018, is repealed.

72 20 DIVISION X  
72 21 IOWA DEPARTMENT ON AGING — MEDICAID CLAIMING

72 22 Sec. 78. IOWA DEPARTMENT ON AGING — MEDICAID CLAIMING. The  
72 23 department on aging and the department of human services shall

Requires the IDA and the DHS to develop a cost allocation plan  
requesting federal Medicaid administrative funds for the Aging and

72 24 collaborate to develop a cost allocation plan requesting  
 72 25 Medicaid administrative funding to provide for the claiming  
 72 26 of federal financial participation for aging and disability  
 72 27 resource center activities that are performed to assist with  
 72 28 administration of the Medicaid program. By January 1, 2019,  
 72 29 the department of human services shall submit to the centers  
 72 30 for Medicare and Medicaid services of the United States  
 72 31 department of health and human services any Medicaid state plan  
 72 32 amendment as necessary and shall enter into an interagency  
 72 33 agreement with the department on aging to implement this  
 72 34 section.

Disability Resource Centers (ADRCs).

72 35 Sec. 79. EFFECTIVE DATE. This division of this Act, being  
 73 1 deemed of immediate importance, takes effect upon enactment.

This Division is effective upon enactment.

73 2 DIVISION XI  
 73 3 EXECUTIVE DIRECTOR — DEPARTMENT OF VETERANS AFFAIRS

73 4 Sec. 80. 2008 Iowa Acts, chapter 1191, section 14,  
 73 5 subsection 3, is amended to read as follows:  
 73 6 3. The following are range 3 positions: administrator of  
 73 7 the division of criminal and juvenile justice planning of the  
 73 8 department of human rights, administrator of the division of  
 73 9 community action agencies of the department of human rights,  
 73 10 ~~executive director of the department of veterans affairs~~, and  
 73 11 chairperson and members of the employment appeal board of the  
 73 12 department of inspections and appeals.

CODE: Amends the FY 2009 Standing Appropriation Act (2008 Iowa Acts, chapter [1191](#)) to reclassify the Director of the Department of Veterans Affairs from a salary Range 3 position to a Range 5 position.

DETAIL: The Act set Range 3 positions at a salary between \$55,380 and \$84,750 and set Range 5 positions at a salary between \$73,250 and \$112,070.

73 13 Sec. 81. 2008 Iowa Acts, chapter 1191, section 14,  
 73 14 subsection 5, as amended by 2013 Iowa Acts, chapter 123,  
 73 15 section 63, is amended to read as follows:  
 73 16 5. The following are range 5 positions: administrator of  
 73 17 the division of homeland security and emergency management of  
 73 18 the department of public defense, state public defender, drug  
 73 19 policy coordinator, labor commissioner, workers' compensation  
 73 20 commissioner, director of the department of cultural affairs,  
 73 21 director of the department of elder affairs, director of the  
 73 22 law enforcement academy, members of the property assessment  
 73 23 appeal board, executive director of the department of veterans  
 73 24 affairs, and administrator of the historical division of the  
 73 25 department of cultural affairs.

This Division is effective upon enactment.

73 26 Sec. 82. EFFECTIVE DATE. This division of this Act, being  
 73 27 deemed of immediate importance, takes effect upon enactment.

73 28 DIVISION XII  
 73 29 FAMILY PLANNING SERVICES PROGRAM

73 30 Sec. 83. Section 217.41B, subsection 3, Code 2018, is

CODE: Amends the Family Planning Services Program to allow for the

UnityPoint Health Care Group to participate.

73 31 amended to read as follows:  
 73 32 3. a. (1) Distribution of family planning services program  
 73 33 funds shall not be made to any entity that performs abortions  
 73 34 or that maintains or operates a facility where abortions  
 73 35 are performed, which shall not be interpreted to include a  
 74 1 nonpublic entity that is a distinct location of a nonprofit  
 74 2 health care delivery system, if the distinct location provides  
 74 3 family planning services but does not perform abortions  
 74 4 or maintain or operate as a facility where abortions are  
 74 5 performed.  
 74 6 (2) The department of human services shall adopt rules  
 74 7 pursuant to chapter 17A to require that as a condition of  
 74 8 eligibility as a provider under the family planning services  
 74 9 program, each distinct location of a nonprofit health care  
 74 10 delivery system shall enroll in the program as a separate  
 74 11 provider, be assigned a distinct provider identification  
 74 12 number, and complete an attestation that abortions are not  
 74 13 performed at the distinct location.  
 74 14 (3) For the purposes of this section, "nonprofit health  
 74 15 care delivery system" means an Iowa nonprofit corporation  
 74 16 that controls, directly or indirectly, a regional health  
 74 17 care network consisting of hospital facilities and various  
 74 18 ambulatory and clinic locations that provide a range of  
 74 19 primary, secondary, and tertiary inpatient, outpatient, and  
 74 20 physician services.  
 74 21 b. For the purposes of this section, "abortion" does not  
 74 22 include any of the following:  
 74 23 —a. (1) The treatment of a woman for a physical  
 74 24 disorder, physical injury, or physical illness, including a  
 74 25 life-endangering physical condition caused by or arising from  
 74 26 the pregnancy itself, that would, as certified by a physician,  
 74 27 place the woman in danger of death.  
 74 28 —b. (2) The treatment of a woman for a spontaneous abortion,  
 74 29 commonly known as a miscarriage, when not all of the products  
 74 30 of human conception are expelled.

74 31 DIVISION XIII  
 74 32 PROVISIONAL REGIONALIZATION AUTHORIZATION

74 33 Sec. 84. Section 331.389, subsection 1, paragraphs b and c,  
 74 34 Code 2018, are amended to read as follows:  
 74 35 ~~—b. The director of human services shall exempt a county~~  
 75 1 ~~from being required to enter into a regional service system if~~  
 75 2 ~~the county furnishes evidence that the county complies with~~  
 75 3 ~~the requirements in subsection 3, paragraphs "c", "d", "e",~~  
 75 4 ~~and "f", and is able to provide the core services required~~  
 75 5 ~~by law to the county's residents in a manner that is as cost~~  
 75 6 ~~effective and with outcomes that are at least equal to what~~

CODE: Specifies that Polk County is exempt from the requirement to enter into an MHDS regional service system, but the Board of Supervisors must meet all requirements of a region.

75 7 ~~could be provided to the residents if the county would provide~~  
 75 8 ~~the services through a regional service system. The director~~  
 75 9 ~~shall identify criteria for evaluating the evidence provided by~~  
 75 10 ~~counties applying for the exemption. The criteria identified~~  
 75 11 ~~shall be specified in rule adopted by the state commission.~~  
 75 12 ~~—e. b. If a county has been exempted pursuant to this~~  
 75 13 ~~subsection prior to July 1, 2014, from the requirement to enter~~  
 75 14 ~~into a regional service system, the county and the county's~~  
 75 15 ~~board of supervisors shall fulfill all requirements under~~  
 75 16 ~~this chapter and chapter 225C for a regional service system,~~  
 75 17 ~~regional service system management plan, regional governing~~  
 75 18 ~~board, and regional administrator, and any other provisions~~  
 75 19 ~~applicable to a region of counties providing local mental~~  
 75 20 ~~health and disability services.~~

75 21 Sec. 85. Section 331.389, subsection 2, Code 2018, is  
 75 22 amended to read as follows:  
 75 23 2. The director of human services shall approve any region  
 75 24 meeting the requirements of subsection 3. ~~However, the~~  
 75 25 ~~director of human services, in consultation with the state~~  
 75 26 ~~commission, may grant a waiver from the requirement relating to~~  
 75 27 ~~the minimum number of counties if there is convincing evidence~~  
 75 28 ~~that compliance with such requirement is not workable.~~

CODE: Specifies that the Director of DHS is to approve any MHDS region meeting the requirements of Iowa Code section [331.389](#), subsection 3.

75 29 Sec. 86. Section 331.389, subsection 3, paragraph a, Code  
 75 30 2018, is amended to read as follows:  
 75 31 a. The counties comprising the region are contiguous ~~except~~  
 75 32 ~~that a region may include a county that is not contiguous with~~  
 75 33 ~~any of the other counties in the region, if the county that is~~  
 75 34 ~~not contiguous has had a formal relationship for two years or~~  
 75 35 ~~longer with one or more of the other counties in the region for~~  
 76 1 ~~the provision of mental health and disability services.~~

CODE: Eliminates exceptions to counties joining regions that are not contiguous.

76 2 Sec. 87. Section 331.389, subsection 4, paragraph c, Code  
 76 3 2018, is amended to read as follows:  
 76 4 c. ~~During the period of April 2, 2013, through July 1,~~  
 76 5 ~~2013, the~~ The department shall work with any county that has  
 76 6 not agreed to be part of a region in accordance with paragraph  
 76 7 "a" and with the regions forming around the county to resolve  
 76 8 issues preventing the county from joining a region. ~~By July~~  
 76 9 ~~1, 2013, a~~ A county that has not agreed to be part of a region  
 76 10 in accordance with paragraph "a" shall be assigned by the  
 76 11 department to a region, unless exempted ~~pursuant to subsection~~  
 76 12 ~~4 prior to July 1, 2014.~~

CODE: Conforming change to specify that Polk County is exempt from the requirement to enter into an MHDS regional service system.

76 13 Sec. 88. Section 331.389, subsection 4, paragraph e,  
 76 14 unnumbered paragraph 1, Code 2018, is amended to read as  
 76 15 follows:

CODE: Conforming change to specify that Polk County is exempt from the requirement to enter into a regional service system.



76 16 On or before June 30, 2014, unless exempted pursuant to  
76 17 ~~subsection 4 prior to July 1, 2014~~, all counties shall be  
76 18 in compliance with all of the following mental health and  
76 19 disability services region implementation criteria:  
76 20 Sec. 89. Section 331.424A, subsection 8, Code 2018, is  
76 21 amended to read as follows:  
76 22 8. a. For the fiscal year beginning July 1, 2017, the  
76 23 regional per capita expenditure target amount is the sum of the  
76 24 base expenditure amount for all counties in the region divided  
76 25 by the population of the region. However, a regional per  
76 26 capita expenditure target amount shall not exceed the statewide  
76 27 per capita expenditure target amount. For the fiscal year  
76 28 beginning July 1, 2018, and each subsequent fiscal year, the  
76 29 regional per capita expenditure target amount for each region  
76 30 is equal to the regional per capita expenditure target amount  
76 31 for the fiscal year beginning July 1, 2017.

76 32 b. Notwithstanding paragraph "a", for the fiscal year  
76 33 beginning July 1, 2019, the regional per capita expenditure  
76 34 target amount for a region formed pursuant to the section of  
76 35 this Act which authorizes regionalization is the sum of the  
77 1 base expenditure amount for all counties in the region divided  
77 2 by the population of the region. However, the regional per  
77 3 capita expenditure target amount shall not exceed the statewide  
77 4 per capita expenditure target amount. For the fiscal year  
77 5 beginning July 1, 2020, and each subsequent fiscal year, the  
77 6 regional per capita expenditure target amount for the region  
77 7 shall be equal to the regional per capita expenditure target  
77 8 amount for the fiscal year beginning July 1, 2019.

CODE: Specifies the base funding formula for the new region beginning in FY 2020 and continuing in perpetuity, not to exceed the statewide per capita expenditure target of \$47.28 per capita.

77 9 Sec. 90. MENTAL HEALTH AND DISABILITY SERVICES —  
77 10 REGIONALIZATION AUTHORIZATION.

77 11 1. Upon receiving a request from any county within the  
77 12 county social services mental health and disability services  
77 13 region to be removed from the region, the director of human  
77 14 services may authorize the county to join with other counties  
77 15 requesting to be removed from the county social services mental  
77 16 health and disability services region in the formation of a  
77 17 proposed new mental health and disability services region.

Allows the Director of the DHS to authorize counties in the County Social Services Region to join with other counties requesting to be removed from the Region to form a new region.

77 18 2. County formation of a proposed new mental health and  
77 19 disability services region pursuant to this section is subject  
77 20 to all of the following:  
77 21 a. The aggregate population of all counties forming  
77 22 the region is at least 100,000 and includes at least one  
77 23 incorporated city with a population of more than 24,000. For  
77 24 purposes of this subparagraph, "population" means the same as

Requires counties forming a new region to have a total combined population of more than 100,000 and a city with a population of more than 24,000. In addition, the new region must meet the requirements listed in the paragraph.

77 25 defined in section 331.388, subsection 3, Code 2018.  
77 26 b. Notwithstanding section 331.389, subsection 4, on or  
77 27 before February 1, 2019, the counties forming the region have  
77 28 complied with section 331.389, subsection 3, as amended in  
77 29 this division of this Act, and all of the following additional  
77 30 requirements:  
77 31 (1) The board of supervisors of each county forming the  
77 32 region has voted to approve a chapter 28E agreement.  
77 33 (2) The duly authorized representatives of all the counties  
77 34 forming the region have signed a chapter 28E agreement that is  
77 35 in compliance with section 331.392 and 441 IAC 25.14.  
78 1 (3) The county board of supervisors' or supervisors'  
78 2 designee members and other members of the region's governing  
78 3 board are appointed in accordance with section 331.390.  
78 4 (4) Executive staff for the region's regional administrator  
78 5 are identified or engaged.  
78 6 (5) The regional service management plan is developed in  
78 7 accordance with section 331.393 and 441 IAC 25.18 and 441 IAC  
78 8 25.21 and is submitted to the department.  
78 9 (6) The initial regional service management plan shall  
78 10 identify the service provider network for the region, identify  
78 11 the information technology and data management capacity to be  
78 12 employed to support regional functions, and establish business  
78 13 functions, accounting procedures, and other administrative  
78 14 processes.

78 15 c. Each county forming the region shall submit the  
78 16 compliance information required in paragraph "b" to the  
78 17 director of human services on or before February 1, 2019.  
78 18 Within 45 days of receipt of such information, the director  
78 19 of human services shall determine if the region is in full  
78 20 compliance and shall approve the region if the region has met  
78 21 all of the requirements of this section.

78 22 d. The director of human services shall work with a county  
78 23 making a request under this section that has not agreed or  
78 24 is unable to join the proposed new region to resolve issues  
78 25 preventing the county from joining the proposed new region.

78 26 e. By February 1, 2019, the director of human services shall  
78 27 assign a county making a request under this section that has  
78 28 not reached an agreement to be part of the proposed new region  
78 29 to an existing region or to the new proposed region, consistent  
78 30 with this section.

78 31 3. If approved by the department, the region shall commence  
78 32 full operations no later than July 1, 2019.

Requires each county in the region to submit compliance information to the Director of the DHS by February 1, 2019, for the Director to determine if the region is in full compliance.

Requires the Director of the DHS to work with a county making a request under this Section, that has had difficulty joining a new region.

Requires the Director of the DHS, by February 1, 2019, to assign any county that has made a request under this Section but has not reached agreement to join a region.

Specifies that if the new region is approved by the DHS, it is required to be in full operation by July 1, 2019.

78 33 Sec. 91. EFFECTIVE DATE. This division of this Act, being  
78 34 deemed of immediate importance, takes effect upon enactment.

The Division relating to MHDS Regional Authorization is effective upon enactment.

78 35 DIVISION XIV  
79 1 MANDATORY REPORTER TRAINING AND CERTIFICATION WORKGROUP

79 2 Sec. 92. DEPARTMENT OF HUMAN SERVICES — MANDATORY REPORTER  
79 3 TRAINING AND CERTIFICATION WORKGROUP. The department of human  
79 4 services, in cooperation with the departments of education  
79 5 and public health, shall facilitate a study by a workgroup of  
79 6 stakeholders to make recommendations relating to mandatory  
79 7 child abuse and mandatory dependent adult abuse reporter  
79 8 training and certification requirements. The workgroup shall  
79 9 develop interdepartmental strategies for improving mandatory  
79 10 child abuse and mandatory dependent adult abuse reporter  
79 11 training and certification requirements. The workgroup  
79 12 shall consist of representatives from the departments of  
79 13 human services, education, public health, public safety, and  
79 14 human rights, the department on aging, and the office of the  
79 15 attorney general; a court appointed special advocate; and other  
79 16 experts the department of human services deems necessary. The  
79 17 membership of the workgroup shall also include four members of  
79 18 the general assembly. The legislative members shall serve as  
79 19 ex officio, nonvoting members of the workgroup, with one member  
79 20 to be appointed by each of the following: the majority leader  
79 21 of the senate, the minority leader of the senate, the speaker  
79 22 of the house of representatives, and the minority leader of the  
79 23 house of representatives. The workgroup shall submit a report  
79 24 with recommendations, including but not limited to strategies  
79 25 developed and other proposed improvements, to the governor and  
79 26 the general assembly on or before December 15, 2018.

Establishes a workgroup to make recommendations related to mandatory child abuse and dependent adult abuse reporter training and certification. A report is due to the Governor and General Assembly by December 15, 2018.

79 27 DIVISION XV  
79 28 NURSING FACILITY QUALITY ASSURANCE ASSESSMENT

79 29 Sec. 93. Section 249L.3, subsection 1, paragraph d, Code  
79 30 2018, is amended to read as follows:  
79 31 d. The aggregate quality assurance assessments imposed under  
79 32 this chapter shall not exceed ~~the lower of three percent of the~~  
79 33 ~~aggregate non-Medicare revenues of a nursing facility or the~~  
79 34 maximum amount that may be assessed pursuant to the indirect  
79 35 guarantee threshold as established pursuant to 42 C.F.R.  
80 1 §433.68(f)(3)(i), and shall be stated on a per-patient-day  
80 2 basis.  
80 3 Sec. 94. Section 249L.4, subsection 2, Code 2018, is amended  
80 4 to read as follows:  
80 5 2. Moneys in the trust fund shall be used, subject to

CODE: Eliminates the 3.00% cap on the nursing facility provider assessment and sets the cap at the maximum amount allowed by the federal government.

DETAIL: The current federal cap for provider assessments is 6.00%.

**FISCAL IMPACT:** The current 3.00% assessment raises \$36,705,208 annually. The new assessment may generate up to \$73,410,416 annually for the Quality Assurance Trust Fund, which may be used for increased Medicaid reimbursement for nursing facilities.

80 6 their appropriation by the general assembly, by the department  
 80 7 only for reimbursement of nursing facility services for which  
 80 8 federal financial participation under the medical assistance  
 80 9 program is available to match state funds. ~~Any moneys~~ Moneys  
 80 10 appropriated from the trust fund for reimbursement of nursing  
 80 11 facilities, in addition to the quality assurance assessment  
 80 12 pass-through and the quality assurance assessment rate add-on  
 80 13 which shall be used as specified in subsection 5, paragraph "b",  
 80 14 shall be used in a manner such that no less than thirty-five  
 80 15 percent of the amount received by a nursing facility is used  
 80 16 for increases in compensation and costs of employment for  
 80 17 direct care workers, and no less than sixty percent of the  
 80 18 total is used to increase compensation and costs of employment  
 80 19 for all nursing facility staff. For the purposes of use of  
 80 20 such funds, "direct care worker", "nursing facility staff",  
 80 21 "increases in compensation", and "costs of employment" mean as  
 80 22 defined or specified in this chapter.

80 23 Sec. 95. DIRECTIVES TO DEPARTMENT OF HUMAN SERVICES.

80 24 1. The department of human services shall request approval  
 80 25 from the centers for Medicare and Medicaid services of the  
 80 26 United States department of health and human services for any  
 80 27 waiver or state plan amendment necessary to administer this  
 80 28 division of this Act.

80 29 2. The change in the quality assurance assessment shall  
 80 30 accrue beginning on the first day of the calendar quarter  
 80 31 following the date of approval of any waiver or state plan  
 80 32 amendment.

80 33 DIVISION XVI  
 80 34 SEXUAL OFFENSES AND SEX OFFENDERS

80 35 Sec. 96. Section 229A.2, subsection 4, Code 2018, is amended  
 81 1 to read as follows:

81 2 4. "Discharge" means an unconditional discharge from the  
 81 3 sexually violent predator program. A person released from a  
 81 4 secure facility into a transitional release program or released  
 81 5 with ~~or without~~ supervision is not considered to be discharged.

81 6 Sec. 97. Section 229A.5B, subsection 1, unnumbered  
 81 7 paragraph 1, Code 2018, is amended to read as follows:

81 8 A person who is detained pursuant to section 229A.5 or is  
 81 9 subject to an order of civil commitment under this chapter  
 81 10 shall remain in custody unless released by court order or  
 81 11 discharged under section 229A.8 or 229A.10. A person who has  
 81 12 been placed in a transitional release program or who is under  
 81 13 release with ~~or without~~ supervision is considered to be in  
 81 14 custody. A person in custody under this chapter shall not do  
 81 15 any of the following:

Directs the DHS to request approval from CMS to increase the provider tax for nursing facilities. Any change is required to take effect on the first day of the calendar quarter following the date of approval by the CMS.

CODE: This Division eliminates provisions permitting a person committed as a sexually violent predator under Iowa Code chapter [229A](#) to be released from a secure facility or a transitional release program without supervision. In addition, the Division eliminates the requirement that a hearing be held within five days of the committed person's return to a secure facility after the person absconds from a transitional release program. The hearing will now be held after an evaluation has been performed.

81 16 Sec. 98. Section 229A.5C, subsection 4, Code 2018, is  
81 17 amended to read as follows:

81 18 4. A person who committed a public offense while in a  
81 19 transitional release program or on release with ~~or without~~  
81 20 supervision may be returned to a secure facility operated by  
81 21 the department of human services upon completion of any term  
81 22 of confinement that resulted from the commission of the public  
81 23 offense.

81 24 Sec. 99. Section 229A.6A, subsection 1, paragraph d, Code  
81 25 2018, is amended to read as follows:

81 26 d. To a facility for placement or treatment in a  
81 27 transitional release program or for release with ~~or without~~  
81 28 supervision. A transport order is not required under this  
81 29 paragraph.

81 30 Sec. 100. Section 229A.7, subsection 7, Code 2018, is  
81 31 amended to read as follows:

81 32 7. The control, care, and treatment of a person determined  
81 33 to be a sexually violent predator shall be provided at a  
81 34 facility operated by the department of human services. At all  
81 35 times prior to placement in a transitional release program  
82 1 or release with ~~or without~~ supervision, persons committed  
82 2 for control, care, and treatment by the department of human  
82 3 services pursuant to this chapter shall be kept in a secure  
82 4 facility and those patients shall be segregated at all times  
82 5 from any other patient under the supervision of the department  
82 6 of human services. A person committed pursuant to this chapter  
82 7 to the custody of the department of human services may be kept  
82 8 in a facility or building separate from any other patient  
82 9 under the supervision of the department of human services.  
82 10 The department of human services may enter into a chapter  
82 11 28E agreement with the department of corrections or other  
82 12 appropriate agency in this state or another state for the  
82 13 confinement of patients who have been determined to be sexually  
82 14 violent predators. Patients who are in the custody of the  
82 15 director of the department of corrections pursuant to a chapter  
82 16 28E agreement and who have not been placed in a transitional  
82 17 release program or released with ~~or without~~ supervision shall  
82 18 be housed and managed separately from criminal offenders in  
82 19 the custody of the director of the department of corrections,  
82 20 and except for occasional instances of supervised incidental  
82 21 contact, shall be segregated from those offenders.

82 22 Sec. 101. Section 229A.8B, subsection 3, Code 2018, is  
82 23 amended to read as follows:

82 24 3. Upon the return of the committed person to a secure  
82 25 facility, the director of human services or the director's  
82 26 designee shall notify the court that issued the ex parte order  
82 27 that the absconder has been returned to a secure facility, and  
82 28 the court shall set a hearing ~~within five days~~ to determine if

82 29 a violation occurred. If a court order was not issued, the  
82 30 director or the director's designee shall contact the nearest  
82 31 district court with jurisdiction to set a hearing to determine  
82 32 whether a violation of the rules or directives occurred. The  
82 33 court shall schedule a hearing ~~within five days of~~ after  
82 34 receiving notice that the committed person has been returned  
82 35 from the transitional release program to a secure facility.

83 1 Sec. 102. Section 229A.9A, Code 2018, is amended to read as  
83 2 follows:

83 3 229A.9A RELEASE WITH ~~OR WITHOUT~~ SUPERVISION.

83 4 1. In any proceeding under section 229A.8, the court may  
83 5 order the committed person released with ~~or without~~ supervision  
83 6 if any of the following apply:

83 7 a. The attorney general stipulates to the release with ~~or~~  
83 8 ~~without~~ supervision.

83 9 b. The court or jury has determined that the person should  
83 10 be ~~discharged~~ released from ~~the program~~ a secure facility or  
83 11 a transitional release program, but the court has determined  
83 12 the person suffers from a mental abnormality and it is in the  
83 13 best interest of the community to order release with ~~or without~~  
83 14 supervision before the committed person is discharged.

83 15 2. If release with ~~or without~~ supervision is ordered, the  
83 16 department of human services shall prepare within sixty days of  
83 17 the order of the court a release plan addressing the person's  
83 18 needs for counseling, medication, community support services,  
83 19 residential services, vocational services, alcohol or other  
83 20 drug abuse treatment, sex offender treatment, or any other  
83 21 treatment or supervision necessary.

83 22 3. The court shall set a hearing on the release plan  
83 23 prepared by the department of human services before the  
83 24 committed person is released from a secure facility or a  
83 25 transitional release program.

83 26 4. If the court orders release with supervision, the court  
83 27 shall order supervision by an agency with jurisdiction that  
83 28 is familiar with the placement of criminal offenders in the  
83 29 community. The agency with jurisdiction shall be responsible  
83 30 for initiating proceedings for violations of the release plan  
83 31 as provided in section 229A.9B. ~~If the court orders release~~  
83 32 ~~without supervision, the agency with jurisdiction shall also be~~  
83 33 ~~responsible for initiating proceedings for any violations of~~  
83 34 ~~the release plan as provided in section 229A.9B.~~

83 35 5. A committed person may not petition the court for release  
84 1 with ~~or without~~ supervision.

84 2 6. A committed person released with ~~or without~~ supervision  
84 3 is not considered discharged from civil commitment under this  
84 4 chapter.

84 5 7. After being released with ~~or without~~ supervision, the  
84 6 person may petition the court for discharge as provided in

84 7 section 229A.8.  
84 8 8. The court shall retain jurisdiction over the committed  
84 9 person who has been released with ~~or without~~ supervision until  
84 10 the person is discharged from the program. The department  
84 11 of human services ~~or a judicial district department of~~  
84 12 correctional services shall not be held liable for any acts  
84 13 committed by a committed person who has been ordered released  
84 14 with ~~or without~~ supervision.  
84 15 Sec. 103. Section 229A.9B, Code 2018, is amended to read as  
84 16 follows:  
84 17 229A.9B VIOLATIONS OF RELEASE WITH ~~—OR WITHOUT~~ SUPERVISION.  
84 18 1. If a committed person violates the release plan, the  
84 19 agency with jurisdiction over the person may request the  
84 20 ~~district~~ court to issue an emergency ex parte order directing  
84 21 any law enforcement officer to take the person into custody  
84 22 so that the person can be returned to a secure facility.  
84 23 The request for an ex parte order may be made orally or by  
84 24 telephone, but the original written request or a facsimile copy  
84 25 of the request shall be filed with the clerk of court no later  
84 26 than 4:30 p.m. on the next business day the office of the clerk  
84 27 of court is open.  
84 28 2. If a committed person has absconded in violation of the  
84 29 conditions of the person's release plan, a presumption arises  
84 30 that the person poses a risk to public safety. The department  
84 31 of human services or contracting agency, in cooperation with  
84 32 local law enforcement agencies, may make a public announcement  
84 33 about the absconder. The public announcement may include a  
84 34 description of the committed person, that the committed person  
84 35 is on release with ~~or without~~ supervision from the sexually  
85 1 violent predator program, and any other information pertinent  
85 2 to public safety.  
85 3 3. Upon the return of the committed person to a secure  
85 4 facility, the director of human services or the director's  
85 5 designee shall notify the court that issued the ex parte  
85 6 order that the committed person has been returned to a secure  
85 7 facility, and the court shall set hearing ~~within five days~~ to  
85 8 determine if a violation occurred. If a court order was not  
85 9 issued, the director or the director's designee shall contact  
85 10 the nearest district court with jurisdiction to set a hearing  
85 11 to determine whether a violation of the conditions of the  
85 12 release plan occurred. The court shall schedule a hearing  
85 13 ~~within five days of~~ after receiving notice that the committed  
85 14 person has been returned to a secure facility.  
85 15 4. At the hearing, the burden shall be upon the attorney  
85 16 general to show by a preponderance of the evidence that a  
85 17 violation of the release plan occurred.  
85 18 5. If the court determines a violation occurred, the court  
85 19 shall receive release recommendations from the department of

85 20 human services and either order that the committed person be  
 85 21 returned to release with ~~or without~~ supervision or placed  
 85 22 in a transitional release program, or be confined in a  
 85 23 secure facility. The court may impose further conditions  
 85 24 upon the committed person if returned to release with ~~or~~  
 85 25 ~~without~~ supervision or placed in the transitional release  
 85 26 program. If the court determines no violation occurred, the  
 85 27 committed person shall be returned to release with ~~or without~~  
 85 28 supervision.

85 29 Sec. 104. Section 232.68, subsection 2, paragraph a,  
 85 30 subparagraph (3), Code 2018, is amended to read as follows:  
 85 31 (3) The commission of a sexual offense with or to a child  
 85 32 pursuant to chapter 709, section 726.2, or section 728.12,  
 85 33 subsection 1, as a result of the acts or omissions of the  
 85 34 person responsible for the care of the child or of a person who  
 85 35 is fourteen years of age or older and resides in a home with  
 86 1 the child. Notwithstanding section 702.5, the commission of  
 86 2 a sexual offense under this subparagraph includes any sexual  
 86 3 offense referred to in this subparagraph with or to a person  
 86 4 under the age of eighteen years.

CODE: Modifies the criteria for commission of a sexual offense to establish that the offense only applies to a person who is 14 years old or older. Under current law, the offense applies regardless of age.

**FISCAL IMPACT:** This provision may decrease expenses of the DHS Field Operations operating budget. Fewer commissions of sexual offense referral cases is expected to lead to decreased caseloads for Social Worker III employees. Due to the unknown nature of net referral changes and the variability of caseloads across the State, the total savings is unknown. Changes to programming for the Child Welfare Information System (CWIS) are estimated to be minimal and will be absorbed in the DHS General Administration appropriation.

86 5 Sec. 105. Section 232.68, subsection 2, paragraph a,  
 86 6 subparagraph (9), Code 2018, is amended to read as follows:  
 86 7 (9) (a) — Knowingly A person who is responsible for the  
 86 8 care of a child knowingly allowing a person another person  
 86 9 custody or of control over, or unsupervised access to a  
 86 10 child or minor child under the age of fourteen or a child with  
 86 11 a physical or mental disability, after knowing the person  
 86 12 other person is required to register or is on the sex offender  
 86 13 registry under chapter 692A ~~for a violation of section 726.6.~~  
 86 14 (b) This subparagraph does not apply in any of the following  
 86 15 circumstances:  
 86 16 (i) A child living with a parent or guardian who is a sex  
 86 17 offender required to register or on the sex offender registry  
 86 18 under chapter 692A.  
 86 19 (ii) A child living with a parent or guardian who is married  
 86 20 to and living with a sex offender required to register or on  
 86 21 the sex offender registry under chapter 692A.  
 86 22 (iii) A child who is a sex offender required to register or  
 86 23 on the sex offender registry under chapter 692A who is living  
 86 24 with the child's parent, guardian, or foster parent and is also  
 86 25 living with the child to whom access was allowed.  
 86 26 (c) For purposes of this subparagraph, "control over" means  
 86 27 any of the following:  
 86 28 (i) A person who has accepted, undertaken, or assumed

CODE: Modifies the criteria for allowing access to a registered sex offender to establish that the offense applies to a person responsible for the care of a child who knowingly allows access to the child to a person who is required to register on the sex offender registry, and provides some exceptions.

**FISCAL IMPACT:** Changes to programming for the CWIS are estimated to be minimal and will be absorbed in the DHS General Administration appropriation.



86 29 supervision of a child from the parent or guardian of the  
86 30 child.  
86 31 (ii) A person who has undertaken or assumed temporary  
86 32 supervision of a child without explicit consent from the parent  
86 33 or guardian of the child.

86 34 Sec. 106. Section 901A.2, subsection 6, Code 2018, is  
86 35 amended to read as follows:

87 1 6. A person who has been placed in a transitional release  
87 2 program, released with ~~or without~~ supervision, or discharged  
87 3 pursuant to chapter 229A, and who is subsequently convicted of  
87 4 a sexually predatory offense or a sexually violent offense,  
87 5 shall be sentenced to life in prison on the same terms as  
87 6 a class "A" felon under section 902.1, notwithstanding any  
87 7 other provision of the Code to the contrary. The terms and  
87 8 conditions applicable to sentences for class "A" felons under  
87 9 chapters 901 through 909 shall apply to persons sentenced under  
87 10 this subsection. However, if the person commits a sexually  
87 11 violent offense which is a misdemeanor offense under chapter  
87 12 709, the person shall be sentenced to life in prison, with  
87 13 eligibility for parole as provided in chapter 906.

87 14 DIVISION XVII  
87 15 MEDICAID RETROACTIVE ELIGIBILITY

87 16 Sec. 107. 2017 Iowa Acts, chapter 174, section 12,  
87 17 subsection 15, paragraph a, subparagraph (7), is amended to  
87 18 read as follows:

87 19 (7)(a) Elimination of the three-month retroactive  
87 20 Medicaid coverage benefit for Medicaid applicants effective  
87 21 October 1, 2017. The department shall seek a waiver from  
87 22 the centers for Medicare and Medicaid services of the United  
87 23 States department of health and human services to implement  
87 24 the strategy. If federal approval is received, an applicant's  
87 25 Medicaid coverage shall be effective on the first day of the  
87 26 month of application, as allowed under the Medicaid state plan.

87 27 (b) Effective July 1, 2018, a three-month retroactive  
87 28 Medicaid coverage benefit shall apply to a Medicaid applicant  
87 29 who is otherwise Medicaid-eligible and is a resident of a  
87 30 nursing facility licensed under chapter 135C. The department  
87 31 shall seek federal approval for any Medicaid waiver or state  
87 32 plan amendment necessary to implement this subparagraph (b).

87 33 Sec. 108. EFFECTIVE DATE. This division of this Act, being  
87 34 deemed of immediate importance, takes effect upon enactment.

CODE: Reinstates the three-month retroactive coverage benefit under Medicaid for individuals residing in long-term care facilities.

DETAIL: Retroactive coverage was eliminated for all Medicaid members beginning FY 2019.

**FISCAL IMPACT:** This change is estimated to increase General Fund expenditures for Medicaid by \$140,314 in FY 2019 and FY 2020.

This Division is effective upon enactment.

87 35 DIVISION XVIII  
88 1 MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER OF FUNDS

88 2 Sec. 109. MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER  
 88 3 OF FUNDS. Notwithstanding section 331.432, a county with a  
 88 4 population of over 300,000 based on the most recent federal  
 88 5 decennial census, may transfer funds from any other fund of the  
 88 6 county to the mental health and disability regional services  
 88 7 fund for the purposes of providing mental health and disability  
 88 8 services for the fiscal year beginning July 1, 2018, and  
 88 9 ending June 30, 2019. The county shall submit a report to  
 88 10 the governor and the general assembly by September 1, 2019,  
 88 11 including the source of any funds transferred, the amount of  
 88 12 the funds transferred, and the mental health and disability  
 88 13 services provided with the transferred funds.

CODE: Allows Polk County to transfer funds from any other fund of the county to the County Mental Health and Disability Services Fund in FY 2019. Polk County is required to submit a report to the Governor and General Assembly September 1, 2019, detailing the transfer of funds.

88 14 DIVISION XIX  
 88 15 MISCELLANEOUS TECHNICAL PROVISIONS

88 16 Sec. 110. Section 135.15, Code 2018, is amended to read as  
 88 17 follows:  
 88 18 135.15 ORAL AND HEALTH DELIVERY SYSTEM BUREAU ESTABLISHED  
 88 19 ~~—RESPONSIBILITIES.~~

CODE: Makes a technical change to the Oral and Health Delivery System Bureau's name and adds language to utilize a defined term.

88 20 An oral and health delivery system bureau is established  
 88 21 within the division of health promotion and chronic disease  
 88 22 prevention of the department. The bureau shall be responsible  
 88 23 for all of the following:

88 24 1. Providing population-based oral health services,  
 88 25 including public health training, improvement of dental support  
 88 26 systems for families, technical assistance, awareness-building  
 88 27 activities, and educational services, at the state and local  
 88 28 level to assist lowans in maintaining optimal oral health  
 88 29 throughout all stages of life.

88 30 2. Performing infrastructure building and enabling services  
 88 31 through the administration of state and federal grant programs  
 88 32 targeting access improvement, prevention, and local oral  
 88 33 health programs utilizing maternal and child health programs,  
 88 34 Medicaid, and other new or existing programs.

88 35 3. Leveraging federal, state, and local resources for  
 89 1 programs under the purview of the bureau.

89 2 4. Facilitating ongoing strategic planning and application  
 89 3 of evidence-based research in oral health care policy  
 89 4 development that improves oral health care access and the  
 89 5 overall oral health of all lowans.

89 6 5. Developing and implementing an ongoing oral health  
 89 7 surveillance system for the evaluation and monitoring of  
 89 8 the oral health status of children and other underserved  
 89 9 populations.

89 10 6. Facilitating the provision of oral health services  
 89 11 through dental homes. For the purposes of this section,  
 89 12 "dental home" means a network of individualized care based on

89 13 risk assessment, which includes oral health education, dental  
 89 14 screenings, preventive services, diagnostic services, treatment  
 89 15 services, and emergency services.

89 16 Sec. 111. Section 135.175, subsection 1, paragraph a, Code  
 89 17 2018, is amended to read as follows:  
 89 18 a. A health care workforce support initiative is established  
 89 19 to provide for the coordination and support of various efforts  
 89 20 to address the health care workforce shortage in this state.  
 89 21 This initiative shall include the medical residency training  
 89 22 state matching grants program created in section 135.176,  
 89 23 the nurse residency state matching grants program created in  
 89 24 section 135.178, and the fulfilling Iowa's need for dentists  
 89 25 matching grant program created in section 135.179.

CODE: Adds reference to the Nurse Residency State Matching Grants Program.

89 26 Sec. 112. Section 135.175, subsection 5, Code 2018, is  
 89 27 amended by adding the following new paragraph:  
 89 28 NEW PARAGRAPH b. The nurse residency state matching grants  
 89 29 program account. The nurse residency state matching grants  
 89 30 program account shall be under the control of the department  
 89 31 and the moneys in the account shall be used for the purposes of  
 89 32 the nurse residency state matching grants program as specified  
 89 33 in section 135.178. Moneys in the account shall consist of  
 89 34 moneys appropriated or allocated for deposit in or received  
 89 35 by the fund or the account and specifically dedicated to the  
 90 1 nurse residency state matching grants program account for the  
 90 2 purposes of such account.

CODE: Adds the State Matching Grants Program Account to the Iowa Code.

90 3 Sec. 113. Section 135.175, subsection 6, paragraph a, Code  
 90 4 2018, is amended to read as follows:  
 90 5 a. Moneys in the fund and the accounts in the fund shall  
 90 6 only be appropriated in a manner consistent with the principles  
 90 7 specified and the strategic plan developed pursuant to section  
 90 8 135.163 to support the medical residency training state  
 90 9 matching grants program, the nurse residency state matching  
 90 10 grants program, the fulfilling Iowa's need for dentists  
 90 11 matching grant program, and to provide funding for state health  
 90 12 care workforce shortage programs as provided in this section.

CODE: Adds reference to the Nurse Residency State Matching Grants Program.

90 13 DIVISION XX  
 90 14 STATE TRAINING SCHOOL — ELDORA

90 15 Sec. 114. Section 233A.1, Code 2018, is amended to read as  
 90 16 follows:  
 90 17 233A.1 STATE TRAINING SCHOOL — ELDORA ~~—AND TOLEDO~~ .  
 90 18 1. Effective January 1, 1992, a diagnosis and evaluation  
 90 19 center and other units are established at ~~Eldora the~~  
 90 20 state training school to provide to court-committed

CODE: States that the Eldora State Training School is for court-committed male juvenile delinquents and eliminates references to the Toledo State Training School.

90 21 ~~male~~ juvenile delinquents a program which focuses upon  
 90 22 appropriate developmental skills, treatment, placements, and  
 90 23 rehabilitation.  
 90 24 2. The diagnosis and evaluation center which is used to  
 90 25 identify appropriate treatment and placement alternatives for  
 90 26 juveniles and any other units for juvenile delinquents which  
 90 27 are located at Eldora ~~and the unit for juvenile delinquents at~~  
 90 28 ~~Toledo~~ shall together be known as the "state training school".  
 90 29 For the purposes of this chapter "director" means the director  
 90 30 of human services and "superintendent" means the administrator  
 90 31 in charge of the diagnosis and evaluation center for juvenile  
 90 32 delinquents and other units at ~~Eldora and the unit for juvenile~~  
 90 33 ~~delinquents at Toledo~~ the state training school.  
 90 34 3. The number of children present at any one time at the  
 90 35 state training school ~~at Eldora~~ shall not exceed the population  
 91 1 guidelines established under 1990 Iowa Acts, ch.1239, §21, as  
 91 2 adjusted for subsequent changes in the capacity at the training  
 91 3 school.  
 91 4 Sec. 115. Section 233A.14, Code 2018, is amended to read as  
 91 5 follows:  
 91 6 233A.14 TRANSFERS TO OTHER INSTITUTIONS.  
 91 7 The administrator may transfer to the ~~schools~~ state training  
 91 8 school minor wards of the state from any institution under the  
 91 9 administrator's charge but no person shall be so transferred  
 91 10 who is mentally ill or has an intellectual disability. Any  
 91 11 child in the ~~schools~~ state training school who is mentally ill  
 91 12 or has an intellectual disability may be transferred by the  
 91 13 administrator to the proper state institution.  
 91 14 Sec. 116. Section 915.29, subsection 1, unnumbered  
 91 15 paragraph 1, Code 2018, is amended to read as follows:  
 91 16 The department of human services shall notify a registered  
 91 17 victim regarding a juvenile adjudicated delinquent for a  
 91 18 violent crime, committed to the custody of the department of  
 91 19 human services, and placed at the state training school ~~at~~  
 91 20 ~~Eldora or Toledo~~, of the following:

91 21 DIVISION XXI  
 91 22 GERIATRIC PATIENT HOUSING REVIEW

91 23 Sec. 117. GERIATRIC PATIENT HOUSING REVIEW.  
 91 24 1. During the 2018 legislative interim, the department  
 91 25 on aging and the departments of human services, inspections  
 91 26 and appeals, and corrections, cooperatively, shall review  
 91 27 issues and develop policy recommendations relating to housing  
 91 28 for geriatric persons, including geriatric individuals  
 91 29 who are registered on the sex offender registry or who are  
 91 30 sexually aggressive. The review shall address all aspects  
 91 31 of the issue including the feasibility of private entities

Requires the IDA, DHS, DIA, and Department of Corrections (DOC) to review issues and develop policy recommendations relating to housing for geriatric persons who are registered sex offenders or are sexually aggressive. The departments are to study the feasibility of utilizing the facilities at Mount Pleasant or Clarinda to care for offenders or other vacant state-owned facilities, while taking into consideration Medicaid reimbursement rules. The departments are required to submit a report to the Governor and the General Assembly by December 15, 2018.

91 32 utilizing facilities located at Mount Pleasant, Clarinda,  
 91 33 or other vacant, state-owned facilities to care for such  
 91 34 geriatric persons; related workforce recruitment and training;  
 91 35 requirements that a facility must meet in order to receive  
 92 1 Medicaid reimbursement; and any other information or issues  
 92 2 deemed appropriate by the agencies.  
 92 3 2. The agencies shall submit a joint report with  
 92 4 recommendations to the governor and general assembly by  
 92 5 December 15, 2018.

92 6 DIVISION XXII  
 92 7 WRONGFUL BIRTH OR WRONGFUL LIFE CAUSE OF ACTION

92 8 Sec. 118. NEW SECTION 613.15B WRONGFUL BIRTH OR WRONGFUL  
 92 9 LIFE CAUSE OF ACTION — PROHIBITIONS — EXCEPTIONS.

92 10 1. A cause of action shall not arise and damages shall not  
 92 11 be awarded, on behalf of any person, based on a wrongful birth  
 92 12 claim that, but for an act or omission of the defendant, a  
 92 13 child would not or should not have been born.

CODE: Prohibits a cause of action and the awarding of damages on behalf of a person based on a wrongful birth claim that, but for an act or omission of the defendant, a child would not or should not have been born.

92 14 2. A cause of action shall not arise and damages shall not  
 92 15 be awarded, on behalf of any person, based on a wrongful life  
 92 16 claim that, but for an act or omission of the defendant, the  
 92 17 person bringing the action would not or should not have been  
 92 18 born.

CODE: Prohibits a cause of action and the awarding of damages on behalf of any person based on a wrongful life claim that, but for an act or omission of the defendant, the person bringing the action would not or should not have been born.

92 19 3. The prohibitions specified in this section apply to any  
 92 20 claim regardless of whether the child is born healthy or with a  
 92 21 birth defect or disorder or other adverse medical condition.  
 92 22 However, the prohibitions specified in this section shall not  
 92 23 apply to any of the following:  
 92 24 a. A civil action for damages for an intentional or grossly  
 92 25 negligent act or omission, including any act or omission that  
 92 26 constitutes a public offense.  
 92 27 b. A civil action for damages for the intentional failure  
 92 28 of a physician to comply with the duty imposed by licensure  
 92 29 pursuant to chapter 148 to provide a patient with all  
 92 30 information reasonably necessary to make decisions about a  
 92 31 pregnancy.

CODE: Specifies that prohibitions apply to any claim regardless of whether the child is born healthy or with a birth defect or disorder or other adverse medical condition. However, the prohibition does not apply to a civil action for damages for an intentional or grossly negligent act or omission, including any act or omission that constitutes a public offense, or for the intentional failure of a physician to comply with the duty imposed by licensure to provide a patient with all information reasonably necessary to make decisions about a pregnancy.

92 32 Sec. 119. EFFECTIVE DATE. This division of this Act, being  
 92 33 deemed of immediate importance, takes effect upon enactment.  
 92 34 Sec. 120. APPLICABILITY. This division of this Act applies  
 92 35 on or after the effective date of this division of this Act to  
 93 1 causes of action that accrue on or after that date. A cause of  
 93 2 action that accrues before the effective date of this division  
 93 3 of this Act is governed by the law in effect prior to the

The Division relating to wrongful birth or wrongful life causes of action is effective upon enactment and applies only to causes of action that accrue on or after the effective date of this Bill.

93 4 effective date of this division of this Act.

93 5 DIVISION XXIII

93 6 TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS

93 7 Sec. 121. Section 218.6, Code 2018, is amended to read as  
93 8 follows:

93 9 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.

93 10 1. Notwithstanding section 8.39, subsection 1, without the  
93 11 prior written consent and approval of the governor and the  
93 12 director of the department of management, the director of human  
93 13 services may transfer funds between the appropriations made for  
93 14 the institutions, listed as follows:

93 15 ~~—1.~~ a. The state resource centers.

93 16 ~~—2.~~ b. The state mental health institutes.

93 17 ~~—3.~~ c. The state training school.

93 18 ~~—4.~~ d. The civil commitment unit for sexual offenders.

93 19 2. The department shall report any transfer made pursuant  
93 20 to subsection 1 during a fiscal quarter to the legislative  
93 21 services agency within thirty days of the beginning of the  
93 22 subsequent fiscal quarter.

93 23 DIVISION XXIV

93 24 MEDICAL CANNABIDIOL

93 25 Sec. 122. Section 124E.7, subsections 7 and 8, Code 2018,  
93 26 are amended to read as follows:

93 27 7. A medical cannabidiol manufacturer shall not employ  
93 28 a person who is under eighteen years of age or who has been  
93 29 convicted of a disqualifying felony offense. An employee  
93 30 of a medical cannabidiol manufacturer shall be subject to a  
93 31 background investigation conducted by the division of criminal  
93 32 investigation of the department of public safety and a national  
93 33 criminal history background check pursuant to section 124E.19.

93 34 8. A medical cannabidiol manufacturer owner shall not have  
93 35 been convicted of a disqualifying felony offense and shall be  
94 1 subject to a background investigation conducted by the division  
94 2 of criminal investigation of the department of public safety  
94 3 and a national criminal history background check pursuant to  
94 4 section 124E.19.

94 5 Sec. 123. Section 124E.9, subsections 7 and 8, Code 2018,  
94 6 are amended to read as follows:

94 7 7. A medical cannabidiol dispensary shall not employ a  
94 8 person who is under eighteen years of age or who has been  
94 9 convicted of a disqualifying felony offense. An employee  
94 10 of a medical cannabidiol dispensary shall be subject to a  
94 11 background investigation conducted by the division of criminal  
94 12 investigation of the department of public safety and a national

CODE: Requires the DHS to report to the LSA any transfers made between the appropriations for the State Resource Centers, the MHIs, the State Training School, and the CCUSO within 30 days of the beginning of each fiscal quarter.

CODE: Conforming changes to background checks for employees of manufacturers and dispensaries of medical cannabidiol.

94 13 criminal history background check pursuant to section 124E.19.  
94 14 8. A medical cannabidiol dispensary owner shall not have  
94 15 been convicted of a disqualifying felony offense and shall be  
94 16 subject to a background investigation conducted by the division  
94 17 of criminal investigation of the department of public safety  
94 18 and a national criminal history background check pursuant to  
94 19 section 124E.19.

94 20 Sec. 124. Section 124E.10, Code 2018, is amended by striking  
94 21 the section and inserting in lieu thereof the following:  
94 22 124E.10 FEES.  
94 23 All fees collected by the department under this chapter  
94 24 shall be retained by the department for operation of the  
94 25 medical cannabidiol registration card program and the medical  
94 26 cannabidiol manufacturer and medical cannabidiol dispensary  
94 27 licensing programs. The moneys retained by the department  
94 28 shall be considered repayment receipts as defined in section  
94 29 8.2 and shall be used for any of the department's duties  
94 30 under this chapter, including but not limited to the addition  
94 31 of full-time equivalent positions for program services and  
94 32 investigations. Notwithstanding section 8.33, moneys retained  
94 33 by the department pursuant to this section shall not revert to  
94 34 the general fund of the state but shall remain available for  
94 35 expenditure only for the purposes specified in this section.

CODE: Allows fee revenue generated by the Medical Cannabidiol Program to not revert to the General Fund at the end of the fiscal year, but remain available for successive years for the purposes of the Program.

95 1 Sec. 125.NEW SECTION 124E.19 BACKGROUND INVESTIGATIONS.  
95 2 1. The division of criminal investigation of the  
95 3 department of public safety shall conduct thorough  
95 4 background investigations for the purposes of licensing  
95 5 medical cannabidiol manufacturers and medical cannabidiol  
95 6 dispensaries under this chapter. The results of any background  
95 7 investigation conducted pursuant to this section shall be  
95 8 presented to the department.  
95 9 a. An applicant for a medical cannabidiol manufacturer  
95 10 license or a medical cannabidiol dispensary license and their  
95 11 owners, investors, and employees shall submit all required  
95 12 information on a form prescribed by the department of public  
95 13 safety.  
95 14 b. The department shall charge an applicant for a medical  
95 15 cannabidiol manufacturer license or a medical cannabidiol  
95 16 dispensary license a fee determined by the department of public  
95 17 safety and adopted by the department by rule to defray the  
95 18 costs associated with background investigations conducted  
95 19 pursuant to the requirements of this section. The fee shall  
95 20 be in addition to any other fees charged by the department.  
95 21 The fee may be retained by the department of public safety and  
95 22 shall be considered repayment receipts as defined in section  
95 23 8.2.

CODE: Directs the Department of Public Safety (DPS) to conduct background investigations of applicants for medical cannabidiol manufacturer and medical cannabidiol dispensary licenses, including employees, owners of, and investors in, any such applicants. Permits the DPS to establish what required information should be provided and a fee.

95 24 2. The department shall require an applicant for a medical  
95 25 cannabidiol manufacturer license or a medical cannabidiol  
95 26 dispensary license, their owners and investors, and applicants  
95 27 for employment at a medical cannabidiol manufacturer or  
95 28 medical cannabidiol dispensary to submit fingerprints and other  
95 29 required identifying information to the department on a form  
95 30 prescribed by the department of public safety. The department  
95 31 shall submit the fingerprint cards and other identifying  
95 32 information to the division of criminal investigation of the  
95 33 department of public safety for submission to the federal  
95 34 bureau of investigation for the purpose of conducting a  
95 35 national criminal history record check. The department may  
96 1 require employees and contractors involved in carrying out  
96 2 a background investigation to submit fingerprints and other  
96 3 identifying information for the same purpose.

96 4 3. The department may enter into a chapter 28E agreement  
96 5 with the department of public safety to meet the requirements  
96 6 of this section.

96 7 4. An applicant for a medical cannabidiol manufacturer  
96 8 license or a medical cannabidiol dispensary license shall  
96 9 submit information and fees required by this section at the  
96 10 time of application.

96 11 5. The results of background investigations conducted  
96 12 pursuant to this section shall not be considered public records  
96 13 under chapter 22.

96 14 Sec. 126. EFFECTIVE UPON ENACTMENT. This division of this  
96 15 Act, being deemed of immediate importance, takes effect upon  
96 16 enactment.

This Division takes effect upon enactment.

96 17 DIVISION XXV  
96 18 DEPARTMENT OF HUMAN SERVICES PROGRAMS AND ACTIVITIES

96 19 INMATES OF PUBLIC INSTITUTIONS — MEDICAID

96 20 Sec. 127. Section 249A.38, Code 2018, is amended to read as  
96 21 follows:

96 22 249A.38 INMATES OF PUBLIC INSTITUTIONS — SUSPENSION OR  
96 23 TERMINATION OF MEDICAL ASSISTANCE.

96 24 1. ~~The following conditions shall apply to~~ Following the  
96 25 ~~first thirty days of commitment, the department shall suspend~~  
96 26 ~~the eligibility of~~ an individual who is an inmate of a public  
96 27 institution as defined in 42 C.F.R. §435.1010, who is enrolled  
96 28 in the medical assistance program at the time of commitment to  
96 29 the public institution, and who remains eligible for medical  
96 30 assistance as an individual except for the individual's  
96 31 institutional status;

96 32 ~~—a. The department shall suspend the individual's~~

CODE: Requires the DHS to suspend the eligibility of individuals for Medicaid following the first 30 days of the individuals' commitment to an institution. The section also requires public institutions to provide a monthly report of the inmates who are committed and of those who are discharged to the DHS and to the Social Security Administration.



96 33 eligibility for up to the initial twelve months of the period  
96 34 of commitment. The department shall delay the suspension  
96 35 of eligibility for a period of up to the first thirty days  
97 1 of commitment if such delay is approved by the centers for  
97 2 Medicare and Medicaid services of the United States department  
97 3 of health and human services. If such delay is not approved,  
97 4 the department shall suspend eligibility during the entirety  
97 5 of the initial twelve months of the period of commitment.  
97 6 Claims submitted on behalf of the individual under the medical  
97 7 assistance program for covered services provided during the  
97 8 delay period shall only be reimbursed if federal financial  
97 9 participation is applicable to such claims.  
97 10 —b. The department shall terminate an individual's  
97 11 eligibility following a twelve-month period of suspension  
97 12 of the individual's eligibility under paragraph "a", during  
97 13 the period of the individual's commitment to the public  
97 14 institution.  
97 15 2. a. A public institution shall provide the department and  
97 16 the social security administration with a monthly report of the  
97 17 individuals who are committed to the public institution and of  
97 18 the individuals who are discharged from the public institution.  
97 19 The monthly report to the department shall include the date  
97 20 of commitment or the date of discharge, as applicable, of  
97 21 each individual committed to or discharged from the public  
97 22 institution during the reporting period. The monthly report  
97 23 shall be made through the reporting system created by the  
97 24 department for public, nonmedical institutions to report inmate  
97 25 populations. Any medical assistance expenditures, including  
97 26 but not limited to monthly managed care capitation payments,  
97 27 provided on behalf of an individual who is an inmate of a  
97 28 public institution but is not reported to the department  
97 29 in accordance with this subsection, shall be the financial  
97 30 responsibility of the respective public institution.  
97 31 b. The department shall provide a public institution with  
97 32 the forms necessary to be used by the individual in expediting  
97 33 restoration of the individual's medical assistance benefits  
97 34 upon discharge from the public institution.  
97 35 —3. ~~This section applies to individuals as specified in~~  
98 1 ~~subsection 1 on or after January 1, 2012.~~  
98 2 —4. 3. The department may adopt rules pursuant to chapter  
98 3 17A to implement this section.

98 4 MEDICAID PROGRAM ADMINISTRATION

98 5 Sec. 128. MEDICAID PROGRAM ADMINISTRATION.

98 6 1. PROVIDER PROCESSES AND PROCEDURES.

98 7 a. When all of the required documents and other information  
98 8 necessary to process a claim have been received by a managed  
98 9 care organization, the managed care organization shall  
98 10 either provide payment to the claimant within the timelines  
98 11 specified in the managed care contract or, if the managed  
98 12 care organization is denying the claim in whole or in part,  
98 13 shall provide notice to the claimant including the reasons for  
98 14 such denial consistent with national industry best practice  
98 15 guidelines.

Specifies that when all of the required documents and other information necessary to process a claim have been received by a managed care organization (MCO), the MCO is required to provide payment to the claimant within the timeline specified if the claim is approved. If the MCO is denying the claim in whole or in part, the MCO is required to provide notice to the claimant, including the reasons for the denial, in a manner consistent with national industry best practice guidelines.

98 16 b. A managed care organization shall correct any identified  
98 17 system configuration error within a reasonable time frame  
98 18 approved by the department, and shall fully and accurately  
98 19 reprocess claims affected by such errors within thirty days  
98 20 of the successful system correction. The department shall  
98 21 define "system configuration error" as appropriate to include  
98 22 errors in provider data caused by a managed care organization  
98 23 or improper claims edits that result in incorrect payments to  
98 24 providers.

Requires an MCO to correct any errors it finds due to system configuration and fully reprocess the claims affected by the error within 30 days of the discovery.

98 25 c. A managed care organization shall provide written notice  
98 26 to affected individuals at least sixty days prior to making  
98 27 any program or procedural change, as determined necessary by  
98 28 the department. The department shall develop and distribute a  
98 29 list of the types of changes that require the sixty-day notice  
98 30 to the managed care organizations effective July 1, 2018.  
98 31 Such changes may include but are not limited to billing and  
98 32 collection provisions, provider network provisions, member or  
98 33 provider services, and prior authorization requirements.

Requires the MCOs to provide written notice to affected individuals at least 60 days prior to making any program or procedural changes as determined by the DHS.

98 34 d. The department of human services shall engage dedicated  
98 35 provider relations staff to assist Medicaid providers in  
99 1 resolving billing conflicts with managed care organizations  
99 2 including those involving denied claims, technical omissions,  
99 3 or incomplete information. If the provider relations staff  
99 4 observe trends evidencing fraudulent claims or improper  
99 5 reimbursement, the staff shall forward such evidence to the  
99 6 department of human services for further review.

Requires the DHS to engage dedicated provider relations staff to assist Medicaid providers in resolving billing conflicts with MCOs, including conflicts involving denied claims, technical omissions, or incomplete information.

99 7 e. The department of human services shall adopt rules  
99 8 pursuant to chapter 17A to require the inclusion by a managed  
99 9 care organization of advanced registered nurse practitioners  
99 10 and physician assistants as primary care providers for the  
99 11 purposes of population health management.

Requires the DHS to adopt rules to require the inclusion of advanced registered nurse practitioners and physician assistants as primary care providers by MCOs.

99 12 f. The department of human services shall provide for the  
99 13 development and shall require the use of standardized Medicaid  
99 14 provider enrollment forms to be used by the department and

Requires the DHS to provide for the development and use of standardized provider enrollment forms and uniform provider credentialing specifications to be used by the MCOs.

99 15 uniform Medicaid provider credentialing specifications to be  
99 16 used by managed care organizations.

99 17 2. MEMBER SERVICES AND PROCESSES.

99 18 a. If a Medicaid member is receiving court-ordered services  
99 19 or treatment for a substance-related disorder pursuant to  
99 20 chapter 125 or for a mental illness pursuant to chapter 229,  
99 21 such services or treatment shall be provided and reimbursed  
99 22 for an initial period of three days before a managed care  
99 23 organization may apply medical necessity criteria to determine  
99 24 the most appropriate services, treatment, or placement for the  
99 25 Medicaid member.

Specifies that if a Medicaid member is receiving court-ordered services or treatment for a substance-related disorder pursuant to Iowa Code chapter [125](#) or for a mental illness pursuant to Iowa Code chapter [229](#), the services or treatment are required to be provided and reimbursed for an initial period of three days before an MCO may apply medical necessity criteria to determine the most appropriate services, treatment, or placement for the Medicaid member.

**FISCAL IMPACT:** This provision is estimated to increase General Fund expenditures by \$975,000 in FY 2019 and FY 2020.

99 26 b. The department of human services shall maintain and  
99 27 update Medicaid member eligibility files in a timely manner  
99 28 consistent with national industry best practices.

Requires the DHS to maintain and update Medicaid member eligibility files in a timely manner consistent with national industry best practices.

99 29 c. The department of human services shall utilize an  
99 30 independent, external quality review vendor to complete a  
99 31 review of a random case sample of decreased level of care  
99 32 determinations using national best practices to ensure that  
99 33 appropriate medically necessary services are provided to  
99 34 meet Medicaid member needs. The department shall report the  
99 35 findings of the review to the governor and the general assembly  
100 1 by December 15, 2018, including any plan necessary to address  
100 2 the findings.

Requires the DHS to utilize an independent external quality review vendor to complete a review of a random case sample of decreased level of care determinations and report the findings to the Governor and the General Assembly by December 15, 2018.

100 3 d. The department of human services, on an annual basis,  
100 4 shall conduct an analysis of all Medicaid member appeals that  
100 5 have been dismissed, withdrawn, or overturned to determine  
100 6 if there are any negative patterns or trends based on the  
100 7 analysis. The services of any member whose appeal is subject  
100 8 to the analysis shall continue for the period during which an  
100 9 interdisciplinary team conducts a new assessment to determine  
100 10 which services are medically necessary for that member, which  
100 11 period shall not exceed ninety days. A report of the analysis  
100 12 and findings shall be submitted to the governor and the general  
100 13 assembly on a biannual basis and the department shall develop a  
100 14 plan as necessary to address any negative patterns or trends  
100 15 identified by the analysis.

Requires the DHS to conduct an annual analysis of member appeals that have been dismissed, withdrawn, or overturned and determine if there are any negative patterns. The DHS is required to submit a report to the Governor and the General Assembly on a biannual basis.

100 16 3. MEDICAID PROGRAM REVIEW AND OVERSIGHT.

100 17 a. (1) The department of human services shall facilitate a  
100 18 workgroup, in collaboration with representatives of the managed

Requires the DHS to facilitate a workgroup, in collaboration with representatives of the MCOs and health home providers, to review the

100 19 care organizations and health home providers, to review the  
100 20 health home programs. The review shall include all of the  
100 21 following:  
100 22 (a) An analysis of the state plan amendments applicable to  
100 23 health homes.  
100 24 (b) An analysis of the current health home system, including  
100 25 the rationale for any recommended changes.  
100 26 (c) The development of a clear and consistent delivery  
100 27 model linked to program-determined outcomes and data reporting  
100 28 requirements.  
100 29 (d) A work plan to be used in communicating with  
100 30 stakeholders regarding the administration and operation of the  
100 31 health home programs.  
100 32 (2) The department of human services shall submit a  
100 33 report of the workgroup's findings, recommendations, and  
100 34 any actions taken by December 15, 2018, to the governor and  
100 35 to the Eighty-eighth General Assembly, 2019 session, for  
101 1 consideration.  
101 2 (3) The workgroup and the workgroup's activities shall  
101 3 not affect the department's authority to apply or enforce the  
101 4 Medicaid state plan amendment relative to health homes.

101 5 b. The department of human services, in collaboration  
101 6 with Medicaid providers and managed care organizations, shall  
101 7 initiate a review process to determine the effectiveness of  
101 8 prior authorizations used by the managed care organizations  
101 9 with the goal of making adjustments based on relevant  
101 10 service costs and member outcomes data utilizing existing  
101 11 industry-accepted standards. Prior authorization policies  
101 12 shall comply with existing rules, guidelines, and procedures  
101 13 developed by the centers for Medicare and Medicaid services of  
101 14 the United States department of health and human services.

101 15 c. The department of human services shall enter into a  
101 16 contract with an independent review organization to perform  
101 17 an audit of a random sample of small dollar claims paid to  
101 18 or denied Medicaid long-term services and supports providers  
101 19 during the first quarter of the 2018 calendar year. The  
101 20 department of human services shall submit a report of  
101 21 the findings of the audit to the governor and the general  
101 22 assembly by February 1, 2019. The department may take any  
101 23 action specified in the managed care contract relative to  
101 24 any claim the auditor determines to be incorrectly paid or  
101 25 denied, subject to appeal by the managed care organization  
101 26 to the director of human services. For the purposes of this  
101 27 paragraph, "small dollar claims" means those claims less than  
101 28 or equal to two thousand five hundred dollars.

health home programs. The Bill requires the DHS to submit a report of the workgroup's findings and recommendations by December 15, 2018, to the Governor and the General Assembly.

Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.

Requires the DHS to enter into a contract with an independent auditor to perform an audit of a random sample of small dollar claims paid to or denied Medicaid long-term services and supports providers during the first quarter of calendar year 2018. The Bill specifies that the DHS may take any action specified in the MCO contract relative to any claim the auditor determines to be incorrectly paid or denied, subject to appeal by the MCO to the Director of the DHS.

**FISCAL IMPACT:** This provision is estimated to increase General Fund expenditures by \$500,000 in FY 2019.

## 101 29 MEDICAID PROGRAM PHARMACY COPAYMENT

101 30 Sec. 129. 2005 Iowa Acts, chapter 167, section 42, is  
 101 31 amended to read as follows:  
 101 32 SEC. 42. COPAYMENTS FOR PRESCRIPTION DRUGS UNDER THE  
 101 33 MEDICAL ASSISTANCE PROGRAM. The department of human services  
 101 34 shall require recipients of medical assistance to pay ~~the~~  
 101 35 ~~following copayments a copayment of \$1~~ on each prescription  
 102 1 filled for a covered prescription drug, including each refill  
 102 2 of such prescription, ~~as follows:~~  
 102 3 ~~—1. A copayment of \$1 on each prescription filled for each~~  
 102 4 ~~covered nonpreferred generic prescription drug.~~  
 102 5 ~~—2. A copayment of \$1 for each covered preferred brand name~~  
 102 6 ~~or generic prescription drug.~~  
 102 7 ~~—3. A copayment of \$1 for each covered nonpreferred~~  
 102 8 ~~brand name prescription drug for which the cost to the state is~~  
 102 9 ~~up to and including \$25.~~  
 102 10 ~~—4. A copayment of \$2 for each covered nonpreferred~~  
 102 11 ~~brand name prescription drug for which the cost to the state is~~  
 102 12 ~~more than \$25 and up to and including \$50.~~  
 102 13 ~~—5. A copayment of \$3 for each covered nonpreferred~~  
 102 14 ~~brand name prescription drug for which the cost to the state~~  
 102 15 ~~is more than \$50.~~

CODE: Eliminates the various copayments for a covered prescription drug under the Medicaid Program and instead provides that a recipient of Medicaid is required to pay a copayment of \$1 on each prescription filled or refilled for a covered prescription drug.

## 102 16 MEDICAL ASSISTANCE ADVISORY COUNCIL

102 17 Sec. 130. Section 249A.4B, subsection 2, paragraph a,  
 102 18 subparagraphs (27) and (28), Code 2018, are amended by striking  
 102 19 the subparagraphs.  
 102 20 Sec. 131. MEDICAL ASSISTANCE ADVISORY COUNCIL — REVIEW OF  
 102 21 MEDICAID MANAGED CARE REPORT DATA. The executive committee  
 102 22 of the medical assistance advisory council shall review  
 102 23 the data collected and analyzed for inclusion in periodic  
 102 24 reports to the general assembly, including but not limited  
 102 25 to the information and data specified in 2016 Iowa Acts,  
 102 26 chapter 1139, section 93, to determine which data points and  
 102 27 information should be included and analyzed to more accurately  
 102 28 identify trends and issues with, and promote the effective and  
 102 29 efficient administration of, Medicaid managed care for all  
 102 30 stakeholders. At a minimum, the areas of focus shall include  
 102 31 consumer protection, provider network access and safeguards,  
 102 32 outcome achievement, and program integrity. The executive  
 102 33 committee shall report its findings and recommendations to the  
 102 34 medical assistance advisory council for review and comment by  
 102 35 October 1, 2018, and shall submit a final report of findings  
 103 1 and recommendations to the governor and the general assembly by  
 103 2 December 31, 2018.

CODE: Directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.

103 3 TARGETED CASE MANAGEMENT AND INPATIENT PSYCHIATRIC SERVICES  
103 4 REIMBURSEMENT

103 5 Sec. 132. Section 249A.31, Code 2018, is amended to read as  
103 6 follows:

103 7 249A.31 COST-BASED REIMBURSEMENT.

103 8 ~~1.—Providers of individual case management services for~~  
103 9 ~~persons with an intellectual disability, a developmental~~  
103 10 ~~disability, or chronic mental illness shall receive cost-based~~  
103 11 ~~reimbursement for one hundred percent of the reasonable~~  
103 12 ~~costs for the provision of the services in accordance with~~  
103 13 ~~standards adopted by the mental health and disability services~~  
103 14 ~~commission pursuant to section 225C-6. Effective July 1, 2018,~~  
103 15 ~~targeted case management services shall be reimbursed based~~  
103 16 ~~on a statewide fee schedule amount developed by rule of the~~  
103 17 ~~department pursuant to chapter 17A.~~

103 18 2. Effective July 1, 2010 ~~2014~~, the department shall apply  
103 19 a cost-based reimbursement methodology for reimbursement of  
103 20 psychiatric medical institution for children providers of  
103 21 inpatient psychiatric services for individuals under twenty-one  
103 22 years of age shall be reimbursed as follows:

103 23 a. For non-state-owned providers, services shall be  
103 24 reimbursed according to a fee schedule without reconciliation.  
103 25 b. For state-owned providers, services shall be reimbursed  
103 26 at one hundred percent of the actual and allowable cost of  
103 27 providing the service.

103 28 DIVISION XXVI  
103 29 PREAPPLICATION SCREENING ASSESSMENT

103 30 Sec. 133. Section 229.5A, Code 2018, is amended to read as  
103 31 follows:

103 32 229.5A PREAPPLICATION SCREENING ASSESSMENT — PROGRAM.

103 33 Prior to filing an application pursuant to section 229.6,  
103 34 the clerk of the district court or the clerk's designee  
103 35 shall inform the interested person referred to in section  
104 1 229.6, subsection 1, about the option of requesting a  
104 2 preapplication screening assessment through a preapplication  
104 3 screening assessment program, if available. ~~The state court~~  
104 4 ~~administrator shall prescribe practices and procedures for~~  
104 5 ~~implementation of the preapplication screening assessment~~  
104 6 ~~program.~~

104 7 Sec. 134. Section 602.1209, subsection 16, Code 2018, is  
104 8 amended to read as follows:

104 9 16. Prescribe practices and procedures for the  
104 10 implementation of the preapplication screening assessment  
104 11 program referred to in ~~sections~~ section 125.74 ~~and 229.5A.~~

CODE: Amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost based reimbursement for 100.00% of the reasonable costs for provision of the services. Under the Section, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter [17A](#). The Section also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age that are provided by non-State-owned providers are required to be reimbursed according to a fee schedule without reconciliation, and services provided by State-owned providers are required to be reimbursed at 100.00% of the actual and allowable cost of providing the service.

CODE: Conforms to [HF 2456](#) (Mental Health Complex Needs Workgroup Report Act) to eliminate the requirement that the State Court Administrator develop the practices and procedures for preapplication screening for the hospitalization of persons with mental illness.

104 12 DIVISION XXVII  
 104 13 COVERAGE OF BEHAVIORAL HEALTH SERVICES PROVIDED BY CERTAIN  
 104 14 PROVIDERS

104 15 Sec. 135. Section 249A.15, Code 2018, is amended to read as  
 104 16 follows:  
 104 17 249A.15 LICENSED PSYCHOLOGISTS ELIGIBLE FOR PAYMENT \_\_\_\_  
 104 18 PROVISIONAL LICENSEES .

104 19 1. The department shall adopt rules pursuant to chapter  
 104 20 17A entitling psychologists who are licensed pursuant to  
 104 21 chapter 154B and psychologists who are licensed in the state  
 104 22 where the services are provided and have a doctorate degree  
 104 23 in psychology, have had at least two years of clinical  
 104 24 experience in a recognized health setting, or have met the  
 104 25 standards of a national register of health service providers  
 104 26 in psychology, to payment for services provided to recipients  
 104 27 of medical assistance, subject to limitations and exclusions  
 104 28 the department finds necessary on the basis of federal laws and  
 104 29 regulations and of funds available for the medical assistance  
 104 30 program. The rules shall also provide that an individual, who  
 104 31 holds a provisional license to practice psychology pursuant  
 104 32 to section 154B.6, is entitled to payment under this section  
 104 33 for services provided to recipients of medical assistance,  
 104 34 when such services are provided under the supervision of a  
 104 35 supervisor who meets the qualifications determined by the board  
 105 1 of psychology by rule, and claims for payment for such services  
 105 2 are submitted by the supervisor.

105 3 2. Entitlement to payment under this section is applicable  
 105 4 to services provided to recipients of medical assistance  
 105 5 under both the fee-for-service and managed care payment and  
 105 6 delivery systems. Neither the fee-for-service nor the managed  
 105 7 care payment and delivery system shall impose a practice  
 105 8 or supervision restriction which is inconsistent with or  
 105 9 more restrictive than the authority already granted by law,  
 105 10 including the authority to provide supervision in person or  
 105 11 remotely through electronic means as specified by rule of the  
 105 12 board of psychology.

105 13 Sec. 136. Section 249A.15A, Code 2018, is amended to read  
 105 14 as follows:  
 105 15 249A.15A LICENSED MARITAL AND FAMILY THERAPISTS, LICENSED  
 105 16 MASTER SOCIAL WORKERS, LICENSED MENTAL HEALTH COUNSELORS, AND  
 105 17 CERTIFIED ALCOHOL AND DRUG COUNSELORS \_\_\_\_ TEMPORARY

105 18 LICENSEES. The department shall adopt rules pursuant to chapter  
 105 19 17A entitling marital and family therapists who are licensed  
 105 20 pursuant to chapter 154D to payment for behavioral health  
 105 21 services provided to recipients of medical assistance, subject  
 105 22 to limitations and exclusions the department finds necessary  
 105 23 on the basis of federal laws and regulations. The rules shall

CODE: Adds language for behavioral health services providers to allow individuals practicing under a temporary license to bill for services provided under the supervision of a licensed practitioner.

105 24 also provide that a marital and family therapist, who holds  
105 25 a temporary license to practice marital and family therapy  
105 26 pursuant to section 154D.7, is entitled to payment under this  
105 27 section for behavioral health services provided to recipients  
105 28 of medical assistance, when such services are provided under  
105 29 the supervision of a qualified supervisor as determined by the  
105 30 board of behavioral science by rule, and claims for payment for  
105 31 such services are submitted by the qualified supervisor.

105 32 2. The department shall adopt rules pursuant to chapter  
105 33 17A entitling master social workers who hold a master's  
105 34 degree approved by the board of social work, are licensed as  
105 35 a master social worker pursuant to section 154C.3, subsection  
106 1 1, paragraph "b", and provide treatment services under the  
106 2 supervision of an independent social worker licensed pursuant  
106 3 to section 154C.3, subsection 1, paragraph "c", to payment  
106 4 for behavioral health services provided to recipients of  
106 5 medical assistance, subject to limitations and exclusions the  
106 6 department finds necessary on the basis of federal laws and  
106 7 regulations.

106 8 3. The department shall adopt rules pursuant to chapter 17A  
106 9 entitling mental health counselors who are licensed pursuant  
106 10 to chapter 154D to payment for behavioral health services  
106 11 provided to recipients of medical assistance, subject to  
106 12 limitations and exclusions the department finds necessary on  
106 13 the basis of federal laws and regulations. The rules shall  
106 14 also provide that a mental health counselor, who holds a  
106 15 temporary license to practice mental health counseling pursuant  
106 16 to section 154D.7, is entitled to payment under this section  
106 17 for behavioral health services provided to recipients of  
106 18 medical assistance, when such services are provided under the  
106 19 supervision of a qualified supervisor as determined by the  
106 20 board of behavioral science by rule, and claims for payment for  
106 21 such services are submitted by the qualified supervisor.

106 22 4. The department shall adopt rules pursuant to chapter 17A  
106 23 entitling alcohol and drug counselors who are certified by the  
106 24 nongovernmental Iowa board of substance abuse certification to  
106 25 payment for behavioral health services provided to recipients  
106 26 of medical assistance, subject to limitations and exclusions  
106 27 the department finds necessary on the basis of federal laws and  
106 28 regulations.

106 29 5. Entitlement to payment under this section is applicable  
106 30 to services provided to recipients of medical assistance  
106 31 under both the fee-for-service and managed care payment and  
106 32 delivery systems. Neither the fee-for-service nor the managed  
106 33 care payment and delivery system shall impose a practice  
106 34 or supervision restriction which is inconsistent with or  
106 35 more restrictive than the authority already granted by law.  
107 1 including the authority to provide supervision in person or



107 2 remotely through electronic means as specified by rule of the  
107 3 applicable licensing board.  
107 4 Sec. 137.NEW SECTION 514C.32 SERVICES PROVIDED BY  
107 5 CERTAIN LICENSED MASTER SOCIAL WORKERS, LICENSED MENTAL HEALTH  
107 6 COUNSELORS, AND LICENSED MARITAL AND FAMILY THERAPISTS.  
107 7 1. Notwithstanding section 514C.6, a policy or contract  
107 8 providing for third-party payment or prepayment of health or  
107 9 medical expenses shall include a provision for the payment of  
107 10 necessary behavioral health services provided by any of the  
107 11 following:  
107 12 a. A licensed master social worker who is licensed by the  
107 13 board of social work as a master social worker pursuant to  
107 14 section 154C.3, subsection 1, paragraph "b", and who provides  
107 15 services under the supervision of an independent social worker  
107 16 licensed pursuant to section 154C.3, subsection 1, paragraph  
107 17 "c".  
107 18 b. A licensed mental health counselor or a licensed  
107 19 marital and family therapist who holds a temporary license to  
107 20 practice mental health counseling or marital and family therapy  
107 21 pursuant to section 154D.7, and who provides services under  
107 22 the supervision of a qualified supervisor as determined by the  
107 23 board of behavioral science by rule.  
107 24 2. A policy or contract subject to this section shall  
107 25 not impose a practice or supervision restriction which is  
107 26 inconsistent with or more restrictive than the authority  
107 27 already granted by law, including the authority to provide  
107 28 supervision in person or remotely through electronic means as  
107 29 specified by rule of the applicable licensing board.  
107 30 3. The requirements of this section apply to and supersede  
107 31 any conflicting requirements regarding services provided under  
107 32 a policy or contract, which is delivered, issued for delivery,  
107 33 continued, or renewed in this state on or after the effective  
107 34 date of this Act, and apply to and supersede any conflicting  
107 35 requirements regarding services contained in an existing policy  
108 1 or contract on the policy's or contract's anniversary or  
108 2 renewal date, whichever is later.  
108 3 4. For the purposes of this section, third-party payment or  
108 4 prepayment includes an individual or group policy of accident  
108 5 or health insurance or individual or group hospital or health  
108 6 care service contract issued pursuant to chapter 509, 514, or  
108 7 514A, an individual or group health maintenance organization  
108 8 contract issued and regulated under chapter 514B, or a  
108 9 preferred provider organization contract regulated pursuant to  
108 10 chapter 514F.  
108 11 5. Nothing in this section shall be interpreted to require  
108 12 an individual or group health maintenance organization or a  
108 13 preferred provider organization or arrangement to provide  
108 14 payment or prepayment for services provided by a licensed

108 15 master social worker providing behavioral health services  
108 16 under the supervision of an independent social worker, or to  
108 17 a licensed mental health counselor or licensed marital and  
108 18 family therapist who holds a temporary license to practice  
108 19 mental health counseling or marital and family therapy  
108 20 providing behavioral health services under the supervision of  
108 21 a qualified supervisor, as specified in this section, unless  
108 22 the supervising independent social worker or the qualified  
108 23 supervisor, respectively, has entered into a contract or other  
108 24 agreement to provide behavioral health services with the  
108 25 individual or group health maintenance organization or the  
108 26 preferred provider organization or arrangement.  
108 27 Sec. 138.NEW SECTION 514C.33 SERVICES PROVIDED BY  
108 28 PROVISIONALLY LICENSED PSYCHOLOGISTS.  
108 29 1. Notwithstanding section 514C.6, a policy or contract  
108 30 providing for third-party payment or prepayment of health or  
108 31 medical expenses shall include a provision for the payment of  
108 32 necessary behavioral health services provided by a person who  
108 33 holds a provisional license to practice psychology pursuant to  
108 34 section 154B.6, and who practices under the supervision of a  
108 35 supervisor who meets the qualifications determined by the board  
109 1 of psychology by rule.  
109 2 2. A policy or contract subject to this section shall  
109 3 not impose a practice or supervision restriction which is  
109 4 inconsistent with or more restrictive than the authority  
109 5 already granted by law, including the authority to provide  
109 6 supervision in person or remotely through electronic means as  
109 7 specified by rule of the board of psychology.  
109 8 3. The requirements of this section apply to and supersede  
109 9 any conflicting requirements regarding services provided under  
109 10 a policy or contract which is delivered, issued for delivery,  
109 11 continued, or renewed in this state on or after the effective  
109 12 date of this Act, and apply to and supersede any conflicting  
109 13 requirements regarding services contained in an existing policy  
109 14 or contract on the policy's or contract's anniversary or  
109 15 renewal date, whichever is later.  
109 16 4. For the purposes of this section, third-party payment or  
109 17 prepayment includes an individual or group policy of accident  
109 18 or health insurance or individual or group hospital or health  
109 19 care service contract issued pursuant to chapter 509, 514, or  
109 20 514A, an individual or group health maintenance organization  
109 21 contract issued and regulated under chapter 514B, or a  
109 22 preferred provider organization contract regulated pursuant to  
109 23 chapter 514F.  
109 24 5. Nothing in this section shall be interpreted to require  
109 25 an individual or group health maintenance organization or a  
109 26 preferred provider organization or arrangement to provide  
109 27 payment or prepayment for services provided by a provisionally

109 28 licensed psychologist providing behavioral health services  
 109 29 under the supervision of a supervisor as specified in this  
 109 30 section, unless the supervisor has entered into a contract or  
 109 31 other agreement to provide behavioral health services with the  
 109 32 individual or group health maintenance organization or the  
 109 33 preferred provider organization or arrangement.

109 34 Sec. 139. EFFECTIVE DATE. This division of this Act, being  
 109 35 deemed of immediate importance, takes effect upon enactment.

This Division of the Bill is effective upon enactment.

110 1 DIVISION XXVIII  
 110 2 PHARMACY BENEFITS MANAGER — RIGHTS OF COVERED INDIVIDUALS

110 3 Sec. 140. NEW SECTION 510B.10 RIGHTS RELATED TO COVERED  
 110 4 INDIVIDUALS.

110 5 1. A pharmacy or pharmacist, as defined in section 155A.3,  
 110 6 has the right to provide a covered individual information  
 110 7 regarding the amount of the covered individual's cost share  
 110 8 for a prescription drug. A pharmacy benefits manager shall  
 110 9 not prohibit a pharmacy or pharmacist from discussing any such  
 110 10 information or from selling a more affordable alternative to  
 110 11 the covered individual, if one is available.

110 12 2. A health benefit plan, as defined in section 514J.102,  
 110 13 issued or renewed on or after July 1, 2018, that provides  
 110 14 coverage for pharmacy benefits shall not require a covered  
 110 15 individual to pay a copayment for pharmacy benefits that  
 110 16 exceeds the pharmacy's or pharmacist's submitted charges.

110 17 3. Any amount paid by a covered individual for a covered  
 110 18 prescription drug pursuant to this section shall be applied  
 110 19 toward any deductible imposed by the covered individual's  
 110 20 health benefit plan in accordance with the covered individual's  
 110 21 health benefit plan coverage documents.

110 22 4. To the extent that any provision of this section is  
 110 23 inconsistent or conflicts with applicable federal law, rule,  
 110 24 or regulation, such federal law, rule, or regulation shall  
 110 25 prevail to the extent necessary to eliminate the inconsistency  
 110 26 or conflict.

110 27 DIVISION XXIX  
 110 28 FOSTER CARE AND ADOPTED CHILDREN

110 29 Sec. 141. FOSTER CARE AND ADOPTED CHILDREN — ANNUAL MEDICAL  
 110 30 VISIT.

110 31 1. The department of human services shall adopt rules  
 110 32 pursuant to chapter 17A to require every child receiving foster  
 110 33 care to receive an annual visit to a medical professional.

110 34 2. The department shall submit a request to the United  
 110 35 States department of health and human services to allow the

CODE: Amends the Iowa Code chapter on Regulation of Pharmacy Benefits Managers (PBM) to add certain rights related to individuals including:

- Prohibiting a PBM from barring a pharmacy or pharmacist from advising an individual about other inexpensive alternative prescription drugs available.
- Prohibiting a health benefit plan from requiring a copayment for pharmacy benefits that exceeds the pharmacy or pharmacist's submitted charges.
- Requiring that any amount paid for covered prescription drugs be applied to any deductible imposed by the individual's health benefit plan.
- Establishing that any federal law, rule, or regulation supersedes this law to the extent necessary to eliminate the inconsistency or conflict.

Directs the DHS to adopt rules requiring that children in foster care receive an annual visit to a medical professional and to submit a waiver request to the US Department of Health and Human Services to add a requirement that children adopted from foster care whose parents receive an adoption subsidy payment receive an annual visit to a medical professional.

110 36 department to adopt rules requiring a child adopted from foster  
110 37 care and whose parents receive an adoption subsidy to receive  
110 38 an annual visit to a medical professional.

# Summary Data

## General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)
Health and Human Services	\$ 1,794,276,970	\$ 1,761,280,865	\$ 1,831,745,061	\$ 1,821,769,375	\$ 60,488,510
<b>Grand Total</b>	<b>\$ 1,794,276,970</b>	<b>\$ 1,761,280,865</b>	<b>\$ 1,831,745,061</b>	<b>\$ 1,821,769,375</b>	<b>\$ 60,488,510</b>

# Health and Human Services

## General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b>Aging, Dept. on</b>						
Aging Programs	\$ 12,071,150	\$ 10,942,924	\$ 10,942,924	\$ 11,042,924	\$ 100,000	PG 2 LN 10
Office of LTC Ombudsman	1,324,202	1,149,821	1,149,821	1,149,821	0	PG 4 LN 6
<b>Total Aging, Iowa Department on</b>	<b>\$ 13,395,352</b>	<b>\$ 12,092,745</b>	<b>\$ 12,092,745</b>	<b>\$ 12,192,745</b>	<b>\$ 100,000</b>	
<b><u>Public Health, Department of</u></b>						
<b>Public Health, Dept. of</b>						
Addictive Disorders	\$ 26,258,434	\$ 24,804,344	\$ 24,804,344	\$ 24,804,344	\$ 0	PG 4 LN 22
Healthy Children and Families	5,437,627	5,284,599	5,776,457	5,820,625	536,026	PG 6 LN 29
Chronic Conditions	4,828,917	3,546,757	3,610,468	4,528,109	981,352	PG 9 LN 4
Community Capacity	6,785,040	2,351,879	4,640,721	4,970,152	2,618,273	PG 11 LN 10
Essential Public Health Services	7,078,228	7,660,942	7,662,464	7,662,464	1,522	PG 15 LN 1
Infectious Diseases	1,248,393	1,752,786	1,796,426	1,796,426	43,640	PG 15 LN 8
Public Protection	4,247,070	4,083,887	4,095,139	4,095,139	11,252	PG 15 LN 15
Resource Management	971,215	971,215	971,215	971,215	0	PG 16 LN 17
Congenital & Inherited Disorders Registry	166,245	258,150	223,521	223,521	-34,629	Standing
<b>Total Public Health, Department of</b>	<b>\$ 57,021,169</b>	<b>\$ 50,714,559</b>	<b>\$ 53,580,755</b>	<b>\$ 54,871,995</b>	<b>\$ 4,157,436</b>	
<b><u>Veterans Affairs, Department of</u></b>						
<b>Veterans Affairs, Dept. of</b>						
General Administration	\$ 1,150,503	\$ 1,115,580	\$ 1,115,580	\$ 1,150,500	\$ 34,920	PG 17 LN 1
Home Ownership Assistance Program	2,500,000	2,000,000	2,000,000	2,000,000	0	PG 17 LN 29
Veterans County Grants	990,000	938,025	938,025	990,000	51,975	PG 18 LN 3
<b>Veterans Affairs, Dept. of</b>	<b>\$ 4,640,503</b>	<b>\$ 4,053,605</b>	<b>\$ 4,053,605</b>	<b>\$ 4,140,500</b>	<b>\$ 86,895</b>	
<b>Veterans Affairs, Dept. of</b>						
Iowa Veterans Home	\$ 7,316,100	\$ 7,162,976	\$ 7,162,976	\$ 7,162,976	\$ 0	PG 17 LN 8
<b>Total Veterans Affairs, Department of</b>	<b>\$ 11,956,603</b>	<b>\$ 11,216,581</b>	<b>\$ 11,216,581</b>	<b>\$ 11,303,476</b>	<b>\$ 86,895</b>	
<b><u>Human Services, Department of</u></b>						
<b>Assistance</b>						
Family Investment Program/PROMISE JOBS	\$ 36,200,196	\$ 42,634,480	\$ 40,355,715	\$ 40,365,715	\$ -2,268,765	PG 25 LN 15
Medical Assistance	1,303,190,737	1,282,992,417	1,339,526,772	1,337,841,375	54,848,958	PG 27 LN 2
Medical Contracts	17,045,964	17,312,207	17,185,207	16,603,198	-709,009	PG 32 LN 34
State Supplementary Assistance	10,722,135	9,872,658	10,250,873	10,250,873	378,215	PG 35 LN 2
State Children's Health Insurance	9,435,831	8,418,452	7,064,057	7,064,057	-1,354,395	PG 35 LN 14
Child Care Assistance	31,722,450	39,343,616	52,825,346	40,816,931	1,473,315	PG 35 LN 30
Child and Family Services	83,851,277	84,413,610	84,939,774	84,939,774	526,164	PG 37 LN 8

# Health and Human Services

## General Fund

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
Adoption Subsidy	42,646,664	40,777,910	40,445,137	40,445,137	-332,773	PG 43 LN 15
Family Support Subsidy	772,102	969,282	949,282	949,282	-20,000	PG 43 LN 20
Conner Training	33,632	33,632	33,632	33,632	0	PG 44 LN 9
Volunteers	84,686	84,686	84,686	84,686	0	PG 48 LN 15
Child Abuse Prevention	200,874	232,570	232,570	232,570	0	Standing
MHDS Regional Grants	3,000,000	0	0	0	0	
<b>Assistance</b>	<b>\$ 1,538,906,548</b>	<b>\$ 1,527,085,520</b>	<b>\$ 1,593,893,051</b>	<b>\$ 1,579,627,230</b>	<b>\$ 52,541,710</b>	
<b>Eldora Training School</b>						
Eldora Training School	\$ 12,233,420	\$ 11,350,443	\$ 11,350,443	\$ 12,762,443	\$ 1,412,000	PG 36 LN 15
<b>Cherokee</b>						
Cherokee MHI	\$ 14,658,594	\$ 13,870,254	\$ 13,870,254	\$ 13,870,254	\$ 0	PG 44 LN 27
<b>Independence</b>						
Independence MHI	\$ 18,464,015	\$ 17,513,621	\$ 17,513,621	\$ 17,513,621	\$ 0	PG 44 LN 34
<b>Glenwood</b>						
Glenwood Resource Center	\$ 20,468,802	\$ 17,887,781	\$ 16,858,523	\$ 16,858,523	\$ -1,029,258	PG 45 LN 13
<b>Woodward</b>						
Woodward Resource Center	\$ 13,995,352	\$ 12,077,034	\$ 11,386,679	\$ 11,386,679	\$ -690,355	PG 45 LN 17
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	\$ 10,671,957	\$ 9,464,747	\$ 9,464,747	\$ 10,864,747	\$ 1,400,000	PG 45 LN 23
<b>Field Operations</b>						
Child Support Recovery	\$ 14,663,373	\$ 12,586,635	\$ 14,586,635	\$ 14,586,635	\$ 2,000,000	PG 26 LN 16
Field Operations	49,370,117	48,484,435	49,074,517	49,074,517	590,082	PG 46 LN 5
<b>Field Operations</b>	<b>\$ 64,033,490</b>	<b>\$ 61,071,070</b>	<b>\$ 63,661,152</b>	<b>\$ 63,661,152</b>	<b>\$ 2,590,082</b>	
<b>General Administration</b>						
General Administration	\$ 15,448,198	\$ 14,033,040	\$ 13,833,040	\$ 13,833,040	\$ -200,000	PG 46 LN 22
DHS Facilities	2,879,274	2,879,274	2,879,274	2,879,274	0	PG 48 LN 3
Commission of Inquiry	1,394	1,394	1,394	1,394	0	Standing
Nonresident Mental Illness Commitment	142,802	22,802	142,802	142,802	120,000	Standing
<b>General Administration</b>	<b>\$ 18,471,668</b>	<b>\$ 16,936,510</b>	<b>\$ 16,856,510</b>	<b>\$ 16,856,510</b>	<b>\$ -80,000</b>	
<b>Total Human Services, Department of</b>	<b>\$ 1,711,903,846</b>	<b>\$ 1,687,256,980</b>	<b>\$ 1,754,854,980</b>	<b>\$ 1,743,401,159</b>	<b>\$ 56,144,179</b>	
<b>Total Health and Human Services</b>	<b>\$ 1,794,276,970</b>	<b>\$ 1,761,280,865</b>	<b>\$ 1,831,745,061</b>	<b>\$ 1,821,769,375</b>	<b>\$ 60,488,510</b>	

# Summary Data

## Other Funds

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)
Health and Human Services	\$ 446,785,543	\$ 425,882,119	\$ 419,632,402	\$ 420,214,411	\$ -5,667,708
<b>Grand Total</b>	<b>\$ 446,785,543</b>	<b>\$ 425,882,119</b>	<b>\$ 419,632,402</b>	<b>\$ 420,214,411</b>	<b>\$ -5,667,708</b>



# Health and Human Services

## Other Funds

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<b>Human Services, Department of</b>						
<b>General Administration</b>						
FIP - TANF	\$ 12,713,680	\$ 5,112,462	\$ 4,539,006	\$ 4,539,006	\$ -573,456	PG 18 LN 28
PROMISE JOBS - TANF	4,038,729	5,575,693	5,412,060	5,412,060	-163,633	PG 18 LN 33
FaDSS - TANF	2,867,816	2,898,980	2,883,980	2,883,980	-15,000	PG 19 LN 4
Field Operations - TANF	38,774,330	31,296,232	31,296,232	31,296,232	0	PG 19 LN 16
General Administration - TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	PG 19 LN 19
Child Care Assistance - TANF	49,866,826	47,866,826	47,166,826	47,166,826	-700,000	PG 19 LN 22
Child & Family Services - TANF	37,256,581	32,380,654	32,380,654	32,380,654	0	PG 20 LN 10
Child Abuse Prevention - TANF	125,000	125,000	125,000	125,000	0	PG 20 LN 13
Training & Technology - TANF	319,814	1,037,186	1,037,186	1,037,186	0	PG 20 LN 33
<b>General Administration</b>	<b>\$ 149,706,776</b>	<b>\$ 130,037,033</b>	<b>\$ 128,584,944</b>	<b>\$ 128,584,944</b>	<b>\$ -1,452,089</b>	
<b>Assistance</b>						
Pregnancy Prevention - TANF	\$ 1,860,183	\$ 1,930,067	\$ 1,913,203	\$ 1,913,203	\$ -16,864	PG 20 LN 16
Promoting Healthy Marriage - TANF	13,376	25,000	14,236	14,236	-10,764	PG 22 LN 1
Medical Assistance - HCTF	222,000,000	221,900,000	217,130,000	217,130,000	-4,770,000	Standing
Medical Contracts - PSA	1,300,000	864,257	864,257	1,446,266	582,009	PG 51 LN 16
Medical Assistance - QATF	36,705,208	36,705,208	36,705,208	36,705,208	0	PG 51 LN 30
Medical Assistance - HHCAT	34,700,000	33,920,554	33,920,554	33,920,554	0	PG 52 LN 10
Medicaid Supplemental - MFF	500,000	500,000	500,000	500,000	0	Standing
<b>Assistance</b>	<b>\$ 297,078,767</b>	<b>\$ 295,845,086</b>	<b>\$ 291,047,458</b>	<b>\$ 291,629,467</b>	<b>\$ -4,215,619</b>	
<b>Total Human Services, Department of</b>	<b>\$ 446,785,543</b>	<b>\$ 425,882,119</b>	<b>\$ 419,632,402</b>	<b>\$ 420,214,411</b>	<b>\$ -5,667,708</b>	
<b>Total Health and Human Services</b>	<b>\$ 446,785,543</b>	<b>\$ 425,882,119</b>	<b>\$ 419,632,402</b>	<b>\$ 420,214,411</b>	<b>\$ -5,667,708</b>	

# Summary Data

## FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)
Health and Human Services	4,378.36	4,352.66	4,350.96	4,568.62	215.96
<b>Grand Total</b>	<u>4,378.36</u>	<u>4,352.66</u>	<u>4,350.96</u>	<u>4,568.62</u>	<u>215.96</u>

# Health and Human Services

## FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<b><u>Aging, Iowa Department on</u></b>						
<b>Aging, Dept. on</b>						
Aging Programs	23.67	22.42	22.00	27.00	4.58	PG 2 LN 10
Office of LTC Ombudsman	15.14	15.12	14.00	16.00	0.88	PG 4 LN 6
<b>Total Aging, Iowa Department on</b>	38.82	37.54	36.00	43.00	5.46	
<b><u>Public Health, Department of</u></b>						
<b>Public Health, Dept. of</b>						
Addictive Disorders	8.09	10.00	10.00	11.00	1.00	PG 4 LN 22
Healthy Children and Families	10.80	12.00	12.00	13.00	1.00	PG 6 LN 29
Chronic Conditions	4.12	5.00	5.00	9.00	4.00	PG 9 LN 4
Community Capacity	7.17	13.00	13.00	13.00	0.00	PG 11 LN 10
Infectious Diseases	1.27	4.00	4.00	4.00	0.00	PG 15 LN 8
Public Protection	135.92	139.00	139.00	141.00	2.00	PG 15 LN 15
Resource Management	3.41	4.00	4.00	4.00	0.00	PG 16 LN 17
<b>Total Public Health, Department of</b>	170.79	187.00	187.00	195.00	8.00	

# Health and Human Services

## FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<b>Human Services, Department of</b>						
<b>Assistance</b>						
Family Investment Program/PROMISE JOBS	8.03	9.00	9.00	9.00	0.00	PG 25 LN 15
Medical Assistance	11.04	11.01	11.00	11.00	-0.01	PG 27 LN 2
Medical Contracts	2.96	0.50	0.00	0.00	-0.50	PG 32 LN 34
Child Care Assistance	3.07	0.00	0.00	0.00	0.00	PG 35 LN 30
Child and Family Services	4.02	0.00	0.00	0.00	0.00	PG 37 LN 8
<b>Assistance</b>	<b>29.12</b>	<b>20.51</b>	<b>20.00</b>	<b>20.00</b>	<b>-0.51</b>	
<b>Eldora Training School</b>						
Eldora Training School	164.55	174.30	174.30	189.00	14.70	PG 36 LN 15
<b>Cherokee</b>						
Cherokee MHI	157.98	152.29	152.29	162.00	9.71	PG 44 LN 27
<b>Independence</b>						
Independence MHI	187.90	190.10	190.10	204.00	13.90	PG 44 LN 34
<b>Mount Pleasant</b>						
Mt Pleasant MHI	0.02	0.00	0.00	0.00	0.00	
<b>Glenwood</b>						
Glenwood Resource Center	753.64	770.62	770.62	770.62	0.00	PG 45 LN 13
<b>Woodward</b>						
Woodward Resource Center	542.32	545.60	546.00	546.00	0.40	PG 45 LN 17
<b>Cherokee CCUSO</b>						
Civil Commitment Unit for Sexual Offenders	101.79	100.75	100.75	132.00	31.25	PG 45 LN 23
<b>Field Operations</b>						
Child Support Recovery	435.82	417.00	417.00	459.00	42.00	PG 26 LN 16
Field Operations	1,533.36	1,471.00	1,471.00	1,539.00	68.00	PG 46 LN 5
<b>Field Operations</b>	<b>1,969.18</b>	<b>1,888.00</b>	<b>1,888.00</b>	<b>1,998.00</b>	<b>110.00</b>	
<b>General Administration</b>						
General Administration	248.74	272.95	272.90	294.00	21.05	PG 46 LN 22
<b>Total Human Services, Department of</b>	<b>4,155.23</b>	<b>4,115.12</b>	<b>4,114.96</b>	<b>4,315.62</b>	<b>200.50</b>	

# Health and Human Services

## FTE Positions

	Actual FY 2017 (1)	Estimated Net FY 2018 (2)	Gov Rec FY 2019 (3)	Final Action FY 2019 (4)	Final Action vs. Est Net 2018 (5)	Page and Line # (6)
<b><u>Veterans Affairs, Department of</u></b>						
<b>Veterans Affairs, Dept. of</b>						
General Administration	13.52	13.00	13.00	15.00	2.00	PG 17 LN 1
<b>Total Veterans Affairs, Department of</b>	13.52	13.00	13.00	15.00	2.00	
<b>Total Health and Human Services</b>	4,378.36	4,352.66	4,350.96	4,568.62	215.96	